

# **EXHIBIT A**

**SIEMENS****INVOICE**

Siemens Medical Solutions USA, Inc.  
51 Valley Stream Parkway, Malvern PA 19355

INVOICE NUMBER	139005413
INVOICE DATE	05/28/2010
CUSTOMER NO.	10182
OUR REFERENCE NO.	120001022
DISTRICT	12

**INVOICE ENCLOSED**

**BILL TO:**  
ST FRANCIS HOSPITAL  
ATTN ACCTS PAYABLE  
241 NORTH RD  
POUGHKEEPSIE NY 12601

**SHIP TO:**  
ST FRANCIS HOSPITAL  
ATTN ACCTS PAYABLE  
241 NORTH RD  
POUGHKEEPSIE NY 12601

**IKM Contract Information**

PO Number :	1-54F9FD	Date:	03/27/2008
Amendment Number:	N.A	Date:	
Contract Signed By:	N.A	Date:	

PAGE 1 of 1

**INVOICE**

ITEM	QTY	UNIT	DESCRIPTION	CONTRACT VALUE	AMOUNT DUE
0010	1.00	Pcs	<p><b>Project Id: IKM-01-000323</b> Description: St Francis Hospital (120001022)</p> <p><b>Training</b> <b>Milestone: Completion</b> <b>Milestone percentage Rate: 100.00 %</b> syngo Workflow Education Malvern</p> <p><b>SUBTOTAL</b> <b>TAX</b> <b>INVOICE TOTAL</b></p>	2,100.00	2,100.00
<p>The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or existence of discount programs be properly disclosed and reflected in the costs claimed or charges made by a provider under Medicare or a State Health Program.</p> <p>PLEASE DIRECT ANY INQUIRIES REGARDING THIS BILLING TO: Siemens Medical Solutions USA, Inc. 1-800-888-SIEM (or 7436) ATTN: IKM Project Office helpikminvoice.healthcare@siemens.com 110 MacAlyson Ct Cary, NC 27511-6495 TEL. 800-888-SIEM</p>					2,100.00

TERMS OF PAYMENT

Special Terms

**PLEASE REMIT TO:**

Siemens Medical Solutions USA, Inc., PO Box 120001 - Dept. 0733, DALLAS, TX 75312-0733

PAST DUE INVOICES ARE SUBJECT TO A SERVICE CHARGE OF 1 1/2% PER MONTH, NOT TO EXCEED THE MAXIMUM RATE ALLOWED BY LAW. GOODS SENT PURSUANT TO THIS INVOICE HAVE BEEN CAREFULLY CHECKED AND SAFELY PACKED. NO RETURN OF MECHANDISE WILL BE ACCEPTED UNLESS PREVIOUSLY APPROVED BY SIEMENS MEDICAL SOLUTIONS USA, INC. EQUIPMENT ORDERED IN COLORS OTHER THAN STANDARD COLORS CANNOT BE CHANGED WITHOUT PRIOR WRITTEN CONSENT OF SIEMENS MEDICAL SOLUTIONS USA, INC. ALL MERCHANDISE REMAINS THE PROPERTY OF SIEMENS MEDICAL SOLUTIONS USA, INC. UNTIL PAID FOR IN FULL. CLAIMS MUST BE MADE WITHIN SEVEN (7) DAYS AFTER RECEIPT OF SHIPMENT. ALL SALES SUBJECT TO SIEMENS MEDICAL SOLUTIONS USA, INC. TERMS AND CONDITIONS OF SALE AS SET FORTH ON THE FACE AND BACK HEREOF.

# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

## Recurring Invoice

Bill To:  
ST FRANCIS HOSPITAL  
Betty Halstead  
35 NORTH ROAD  
POUGHKEEPSIE NY 12601  
United States

Page: 1  
Invoice Number: 0000188230  
Invoice Date: 05/31/2012  
Customer No.: 324285  
Due Date: 06/30/2012

Line	Fee Description	Invoice Amt	Invoice Subtotals	Prompt Pay Tax Discount
Customer Reference ID: N/A				
RECURRING FEES				
1	Siemens Pharmacy Notes: Per Amendment Dated 11/15/04; Section 2. Monthly Term License Fee Siemens ID: CON2126-B108	6,638.04		663.80
2	Med. Administration Checking Notes: Per Amendment Dated 11/15/04; Section 2. Monthly Term License Fee Siemens ID: CON2126-B109	6,522.33		652.23
3	INVISION Med/IV Charting Notes: Per Amendment Dated 11/15/04; Section 2. Monthly Term License Fee; for Medication Administration Check Only Siemens ID: CON2126-B110	1,823.17		182.32
4	INV Receivables Policy Manager Notes: Per Amendment Dated 11/15/04; Section 2. Monthly ASP Term License Fee Siemens ID: CON2126-B111	2,350.62		235.06
5	Contract Managment Notes: Per Amendment Dated 6/29/07; Monthly RCO Processing & Extended Support Fee Siemens ID: CON10001817-B105	4,795.07		
6	HDX Processing Fee Notes: Per Master Agreement Dated 5/21/02; Appendix A to Supplement Two: Fees One Month in Advance Siemens ID: CON10001817-B111	0.00		
7	Openlink Notes: Per Master Agreement Dated 5/21/02; Supplement 1: Remote Computing Supplement Siemens ID: CON10001817-B112	2,311.23		231.12
8	Net Access & OAS Gold Notes: Per Master Agreement Dated 5/21/02; Supplement 1: Remote Computing Supplement	4,882.27		488.23

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Customer No.: 324285  
Due Date: 06/30/2012

Line	Fee Description	Invoice Amt	Invoice Subtotals	Prompt Pay Tax Discount
Siemens ID: CON10001817-B113				
9	Monthly Discount Notes: Per Amendment Dated 3/27/08; Section 12. Additional Discount Discount for Radiology/Mammography is reflected on IKM Invoice Siemens ID: CON10001817-B122	(12,529.00)		
10	Managed Services Fee Notes: Per Amendment Dated 3/27/08; Section 2. Managed Services Fees June 2011 through May 2012 Siemens ID: CON10002354-B104	175,387.00		
11	Siemens OPENLink Interface Notes: PSR: 071003095301 Invision to WITT ADT Interface Production Siemens ID: PSR2007-324285-B112	210.52		
12	Siemens OPENLink Interface Notes: PSR: 071003095301 Invision to WITT ADT interface Test Siemens ID: PSR2007-324285-B113	210.52		
13	Siemens OPENLink Interface Notes: PSR: 071003095315 Invision Reporting (ORU) Interface Production - WITT Siemens ID: PSR2007-324285-B114	210.52		
14	Siemens OPENLink Interface Notes: PSR: 071003095316 Invision Reporting (ORU) Interface Test - WITT Siemens ID: PSR2007-324285-B115	210.52		
15	Siemens OPENLink Interface Notes: PSR: 070529959401 HL7 Interface & Order Status Update Data Production - OSU Siemens ID: PSR2007-324285-B123	210.52		

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Customer No. 324285  
Due Date 06/30/2012

Line	Fee Description	Invoice Amt	Invoice Subtotals	Prompt Pay Tax Discount
16	Siemens OPENLink Interface Notes: PSR: 070529959401 HL7 Interface & Order Status Update Data Test - OSU Siemens ID: PSR2007-324285-B124	210.52		
17	Siemens OPENLink Interface Notes: PSR: 070529959401 HL7 Interface & Order Status Update Data Production - AOO Siemens ID: PSR2007-324285-B125	210.52		
18	Siemens OPENLink Interface Notes: PSR: 070529959401 HL7 Interface & Order Status Update Data Test - AOO Siemens ID: PSR2007-324285-B126	210.52		
SUBTOTAL FOR RECURRING FEES			193,864.89	
SUPPORT FEES				
19	GL Interface Notes: Per Master Agreement Dated 5/21/02 Siemens ID: CON56-B143	929.05		92.91
20	Standard PMS RTIF Interface Notes: Per Master Agreement Dated 5/21/02 Siemens ID: CON56-B149	89.10		8.91
21	COR Interface from Guardia Notes: PSR# 0212034895 item 02 Interface COR 7 Order Status Update Data from Guardian Sys to INV One Month in Advance Siemens ID: CON56-B152	0.00		
22	Custom Programming Notes: Per Amendment Dated 6/25/04; NOVIUS Radiology ADT & Orders One-Way to PACs via Mitra Broker Siemens ID: CON1602-B102	391.03		39.10
23	AnyQueue Notes: Per Amendment Dated 6/21/06 Monthly Support Fee	268.03		

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Page: 4  
Invoice Number: 0000188230  
Invoice Date: 05/31/2012  
Customer No.: 324285  
Due Date: 06/30/2012

Line	Fee Description	Invoice Amt	Invoice Subtotals	Prompt Pay Tax Discount
	Siemens ID: CON3528-B101			
24	PageCenter Plus Notes: Per Amendment Dated 6/21/06 Monthly Support Fee Up to 25 Concurrent Users Siemens ID: CON3528-B102	685.81		
25	PageSorter Notes: Per Amendment Dated 6/21/06 Monthly Support Fee Siemens ID: CON3528-B103	128.05		
26	Sybase Notes: Per Amendment Dated 6/29/07; Attachment 2; Technology Bid Contract Management V4.1 Siemens ID: CON10001817-B107	62.54		
27	INV Patient Mgmt/Patient Acctg Notes: Per Master Agreement Dated 5/21/02; Supplement 1: Updated per 9/30/2011 agreement One Month in Advance Siemens ID: CON10001817-B123	0.00		
28	Custom Programming Notes: Per Master Agreement Dated 5/21/02; Recirculating Error File One Month in Advance Siemens ID: CON10001817-B116	0.00		
29	Custom Programming Notes: Per Master Agreement Dated 5/21/02; COR/OSU RTIF from Sunquest to Invision One Month in Advance Siemens ID: CON10001817-B117	(0.01)		
30	Custom Programming Notes: Per Master Agreement Dated 5/21/02; Add on Orders RTIF from Sunquest to Invision One Month in Advance Siemens ID: CON10001817-B118	(0.01)		
31	Custom Programming	(0.01)		

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Page: 5  
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Customer No.: 324285  
Due Date: 06/30/2012

Line	Fee Description	Invoice Amt	Invoice Subtotals	Prompt Pay Tax Discount
	Notes: Per Master Agreement Dated 5/21/02; COR RTIF from Dietary Management System One Month in Advance Siemens ID: CON10001817-B119			
32	Custom Programming Notes: Per Master Agreement Dated 5/21/02; CCI Model Batch Interface One Month in Advance Siemens ID: CON10001817-B120	0.00		
33	HDX Electronic Claims Service Notes: PSR: 040428139801 837 Claims Connectivity Siemens ID: PSR/04-324285-B102	862.57		
34	ADT Interface Notes: PSR: 041028580201 ADT Interface to MedAllies Physician Portal - Production One Month in Advance Siemens ID: PSR/04-324285-B107	0.00		
35	ADT Interface Notes: PSR: 041028580201 ADT Interface to MedAllies Physician Portal - Test One Month in Advance Siemens ID: PSR/04-324285-B108	0.00		
36	Lab Results Interface Notes: PSR: 041028580201 Lab Results Interface to MedAllies Physician Portal - Production One Month in Advance Siemens ID: PSR/04-324285-B109	0.00		
37	Lab Results Interface Notes: PSR: 041028580201 Lab Results Interface to MedAllies Physician Portal - Test One Month in Advance Siemens ID: PSR/04-324285-B110	0.00		
38	Radiology Results Interface Notes: PSR: 041028580201 Radiology Results Interface to MedAllies Physician Portal - Production One Month in Advance	0.00		

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Page: 6  
Invoice Number: 0000188230  
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Customer No: 324285  
Due Date: 06/30/2012

Line	Fee Description	Invoice Amt	Invoice Subtotals	Prompt Pay Tax Discount
	Siemens ID: PSR/04-324285-B111			
39	Radiology Results Interface Notes: PSR: 041028580201 Radiology Results Interface to MedAllies Physician Portal - Test One Month in Advance Siemens ID: PSR/04-324285-B112	0.00		
40	SoftMed ChartScript Interface Notes: PSR: 041028580201 SoftMed ChartScript Interface to MedAllies Physician Portal-Production One Month in Advance Siemens ID: PSR/04-324285-B113	0.00		
41	SoftMed ChartScript Interface Notes: PSR: 041028580201 SoftMed ChartScript Interface to MedAllies Physician Portal - Test One Month in Advance Siemens ID: PSR/04-324285-B114	0.00		
42	HealthVision Interface Notes: PSR: 041028580201 HealthVision to SoftMed Results Interface - Production One Month in Advance Siemens ID: PSR/04-324285-B115	0.00		
43	HealthVision Interface Notes: PSR: 041028580201 HealthVision to SoftMed Results Interface - Test One Month in Advance Siemens ID: PSR/04-324285-B116	0.00		
44	REVGRO / TCC Program Notes: PSR: 060710077901 For Primary Collection Agency CBHV One Month in Advance Siemens ID: PSR2006-324285-B106	0.00		
45	Direct Line Notes: PSR: 061221952502 FTP Setup & Transfer Fees of File Created From MHH0580 (ATP58FSF) One Month in Advance Siemens ID: PSR2007-324285-B105	0.00		



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Page: 7  
Invoice Number: 0000188230  
Invoice Date: 05/31/2012  
Customer No. 324285  
Due Date: 06/30/2012

Line	Fee Description	Invoice Amt	Invoice Subtotals	Prompt Pay Tax Discount
46	Siemens OPENLink Interface Notes: PSR: 071003095317 HL7 Interface & Order Status Update Data - WITT One Month in Advance Siemens ID: PSR2007-324285-B116	0.00		
47	Siemens OPENLink Interface Notes: PSR: 070529959401 HL7 Interface & Order Status Update Data from Dreager Megacare to INV One Month in Advance Siemens ID: PSR2007-324285-B121	0.00		
48	Siemens OPENLink Interface Notes: PSR: 070529959402 Deliver Standard Add-on Orders RTIF Interface from Dreager Megacare One Month in Advance Siemens ID: PSR2007-324285-B122	0.00		
49	Siemens OPENLink Interface Notes: PSR: 080822651801 Pharmacy MAR Interface to Sentry Data Production Siemens ID: PSR2008-324285-B111	202.23		
50	Siemens OPENLink Interface Notes: PSR: 080822651801 Pharmacy MAR Interface to Sentry Data Test Siemens ID: PSR2008-324285-B112	202.23		
51	syngo Workflow Mammography Notes: PSR: 080826925502 Web-based Training for syngo Workflow Mammography Monthly Support Fee Siemens ID: PSR2008-324285-B115	37.00		
52	Radiology & QSpeech Interface Notes: PSR: 080314703801 Interface QSpeech Radiology Results to Siemens Radiology One Month in Advance Siemens ID: PSR2008-324285-B119	0.00		
53	Siemens OPENLink Interface Notes: PSR: 090129913001	100.93		

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Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

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35 NORTH ROAD  
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Page: 8  
Invoice Number: 0000188230  
Invoice Date: 05/31/2012  
Customer No.: 324285  
Due Date: 06/30/2012

Line	Fee Description	Invoice Amt	Invoice Subtotals	Prompt Pay Tax Discount
	RTIF Table Delivery for Blood Gas Results Interface One Month in Advance Siemens ID: PSR2009-324285-B104			
54	Siemens OPENLink Interface Notes: PSR: 090129913003 HL7 Interface & Order Status Data from Blood Gas System to Invision Production Siemens ID: PSR2009-324285-B105	196.91		
55	Siemens OPENLink Interface Notes: PSR: 090129913004 HL7 Interface & Order Status Data from Blood Gas System to Invision Test Siemens ID: PSR2009-324285-B106	196.91		
	SUBTOTAL FOR SUPPORT FEES		4,352.36	
	NETWORKING FEES			
56	Wide Area Network Notes: Per Amendment Dated 6/29/07; Exhibit B - Wide Area Network Fees Site Type 3A (Primary T1 port, 512Kbps PVC; 512Kbps IP Backup) Siemens ID: CON10001817-B109	7,510.53		751.05
	SUBTOTAL FOR NETWORKING FEES		7,510.53	
	EQUIPMENT MAINTENANCE FEES			
57	HP Maintenance Notes: Support for ES45 on SN: AY50400575 Pharmacy Servers Customer PO: 1284244 Siemens ID: CON10001817-B124	1,259.00		
	SUBTOTAL FOR EQUIPMENT MAINTENANCE FEES		1,259.00	

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Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

## Recurring Invoice

Bill To:  
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Betty Halstead  
35 NORTH ROAD  
POUGHKEEPSIE NY 12601  
United States

Page: 9  
Invoice Number 0000188230  
Invoice Date: 05/31/2012  
Customer No. 324285  
Due Date 06/30/2012

Invoice Amount \$ 31,599.78  
Prompt Pay Discount Amt \$ 3,344.73

Please Remit To:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank  
PO Box 120001 Dept 0733  
Dallas TX 75312-0733  
United States

Please use the following address for overnight/express mail checks:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank Lockbox - Dept 890733  
1501 North Plano Road Suite 100  
Richardson, TX 75081

Direct billing inquiries to: Tel(610)219-6000, Fax(610)219-1903, Email [custacct.healthcare@siemens.com](mailto:custacct.healthcare@siemens.com)

The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or the existence of discount programs be properly disclosed and reflected in the costs claimed or charges made by a provider under Medicare or a State Health Program.

Notice: Compliance with legal and internal regulations is an integral part of all business processes at Siemens. Possible infringements can be reported to our HelpDesk "Tell us" at [www.siemens.com/tell-us](http://www.siemens.com/tell-us).

Line	Fee Description	Invoice Amt	Invoice Subtotals	Prompt Pay Tax Discount
	Pretax Invoice Amount		206,986.78	
	TOTAL AMOUNT DUE :		\$ 206,986.78	

Total Prompt Pay Discount of \$3,344.73 Allowable If Payment Received By 06/30/2012

**SIEMENS**

Siemens Medical Solutions USA, Inc.  
51 Valley Stream Parkway, Malvern PA 19355

**INVOICE**

INVOICE NUMBER	95722023
INVOICE DATE	08/01/2012
CUSTOMER NO.	10182
OUR REFERENCE NO.	0035091247
DISTRICT	12

**INVOICE ENCLOSED**

**BILL TO:**  
ST FRANCIS HOSPITAL  
ATTN: ACCOUNTS PAYABLE  
35 NORTH ROAD  
POUGHKEEPSIE NY 12601

**SOLD TO:**  
ST FRANCIS HOSPITAL  
241 NORTH RD  
POUGHKEEPSIE NY 12601

**AGREEMENT NUMBER**

35091247

PAGE 1 of 2

TERMS OF PAYMENT  
Net 30 Days- Service

TAX STATE  
NY

ITEM	DESCRIPTION/PURCHASE ORDER	TOTAL PRICE
0010	<p>Functional Location: 400-213197 syngo Workflow ST FRANCIS HOSPITAL, 241 NORTH RD, POUGHKEEPSIE, NY 12601 Radiology/Mammography Purchase Order No: Ref. No.: Price reflects 10% prompt payment discount Billing Description: Radiology/Mammography</p> <p>Billing notes: One month in advance Agt. Dated - 6/29/07Agt.</p> <p>Contract Billing for Period 08/01/2012 through 08/31/2012</p>	2,875.00
0020	<p>Serial number: 324285 Functional Location:  ST FRANCIS HOSPITAL, 241 NORTH RD, POUGHKEEPSIE, NY 12601 BEA MessageQ Annual Suppt Fee. Purchase Order No: Contract Billing for Period 08/01/2012 through 08/31/2012</p>	333.85

**PLEASE REMIT TO:**

**Siemens Medical Solutions USA, Inc., PO Box 120001 - Dept. 0733, DALLAS, TX 75312-0733**

PAST DUE INVOICES ARE SUBJECT TO A SERVICE CHARGE OF 1 1/2% PER MONTH, NOT TO EXCEED THE MAXIMUM RATE ALLOWED BY LAW. ALL SERVICE CONTRACTS ARE SUBJECT TO SIEMENS MEDICAL SOLUTIONS USA, INC. TERMS AND CONDITIONS AS SET FORTH ON THE FRONT AND BACK OF THE SERVICE CONTRACT.

**SIEMENS**

Siemens Medical Solutions USA, Inc.

51 Valley Stream Parkway, Malvern PA 19355

**INVOICE**

INVOICE NUMBER	95722023
INVOICE DATE	08/01/2012
CUSTOMER NO.	10182
OUR REFERENCE NO.	0035091247
DISTRICT	12

ITEM	DESCRIPTION/PURCHASE ORDER	TOTAL PRICE
0030	<p>Functional Location:</p> <p>ST FRANCIS HOSPITAL, 241 NORTH RD, POUGHKEEPSIE, NY 12601</p> <p>Sybase Monthly Support</p> <p>Purchase Order No:</p> <p>Contract Billing for Period 08/01/2012 through 08/31/2012</p> <p><b>SUBTOTAL</b></p> <p>TAX</p> <p><b>INVOICE TOTAL</b></p> <p><b>INVOICE BALANCE</b></p> <p>400-213197 syngo Workflow</p> <p>The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or existence of discount programs be properly disclosed and reflected in the costs claimed or charges made by a provider under Medicare or a State Health Program.</p> <p>PLEASE DIRECT ANY INQUIRIES REGARDING THIS BILLING TO:</p> <p>1-800-888-SIEM (or 7436)</p> <p>ATTN: Customer Administration.</p>	<p>99.00</p> <p>3,307.85</p> <p><b>3,307.85</b></p> <p><b>3,307.85</b></p>

**PLEASE REMIT TO:**

Siemens Medical Solutions USA, Inc., PO Box 120001 - Dept. 0733, DALLAS, TX 75312-0733

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**SIEMENS**

Health Services Invoices Pg 14 of 126

**INVOICE**

Siemens Medical Solutions USA, Inc.  
51 Valley Stream Parkway, Malvern PA 19355

INVOICE NUMBER	95734521
INVOICE DATE	09/01/2012
CUSTOMER NO.	10182
OUR REFERENCE NO.	0035091247
DISTRICT	12

**INVOICE ENCLOSED**

**BILL TO:**  
ST FRANCIS HOSPITAL  
ATTN: ACCOUNTS PAYABLE  
35 NORTH ROAD  
POUGHKEEPSIE NY 12601

**SOLD TO:**  
ST FRANCIS HOSPITAL  
241 NORTH RD  
POUGHKEEPSIE NY 12601

**AGREEMENT NUMBER**

35091247

PAGE 1 of 2

TERMS OF PAYMENT		TAX STATE
Net 30 Days- Service		NY
ITEM	DESCRIPTION/PURCHASE ORDER	TOTAL PRICE
0010	Functional Location: 400-213197 syngo Workflow ST FRANCIS HOSPITAL, 241 NORTH RD, POUGHKEEPSIE, NY 12601 Radiology/Mammography Purchase Order No: Ref. No.: Price reflects 10% prompt payment discount Billing Description: Radiology/Mammography  Billing notes: One month in advance Agt. Dated - 6/29/07Agt.  Contract Billing for Period 09/01/2012 through 09/30/2012	2,875.00
0020	Serial number: 324285 Functional Location:  ST FRANCIS HOSPITAL, 241 NORTH RD, POUGHKEEPSIE, NY 12601 BEA MessageQ Annual Suppt Fee. Purchase Order No: Contract Billing for Period 09/01/2012 through 09/30/2012	333.85

**PLEASE REMIT TO:**

**Siemens Medical Solutions USA, Inc., PO Box 120001 - Dept. 0733, DALLAS, TX 75312-0733**

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**SIEMENS**

Health Services Invoices Pg 15 of 186

**INVOICE**

Siemens Medical Solutions USA, Inc.  
51 Valley Stream Parkway, Malvern PA 19355

INVOICE NUMBER	95734521
INVOICE DATE	09/01/2012
CUSTOMER NO.	10182
OUR REFERENCE NO.	0035091247
DISTRICT	12

ITEM	DESCRIPTION/PURCHASE ORDER	TOTAL PRICE
0030	<p>Functional Location:</p> <p>ST FRANCIS HOSPITAL, 241 NORTH RD, POUGHKEEPSIE, NY 12601</p> <p>Sybase Monthly Support</p> <p>Purchase Order No:</p> <p>Contract Billing for Period 09/01/2012 through 09/30/2012</p> <p><b>SUBTOTAL</b></p> <p>TAX</p> <p><b>INVOICE TOTAL</b></p> <p><b>INVOICE BALANCE</b></p> <p>400-213197 syngo Workflow</p> <p>The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or existence of discount programs be properly disclosed and reflected in the costs claimed or charges made by a provider under Medicare or a State Health Program.</p> <p>PLEASE DIRECT ANY INQUIRIES REGARDING THIS BILLING TO: 1-800-888-SIEM (or 7436) ATTN: Customer Administration.</p>	<p>99.00</p> <p>3,307.85</p> <p>3,307.85</p> <p>3,307.85</p>

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**SIEMENS**

Health Services Invoices Pg 16 of 136

**INVOICE**

Siemens Medical Solutions USA, Inc.  
51 Valley Stream Parkway, Malvern PA 19355

INVOICE NUMBER	95747610
INVOICE DATE	10/07/2012
CUSTOMER NO.	10182
OUR REFERENCE NO.	0035091247
DISTRICT	12

**INVOICE ENCLOSED**

**BILL TO:**  
ST FRANCIS HOSPITAL  
ATTN: ACCOUNTS PAYABLE  
35 NORTH ROAD  
POUGHKEEPSIE NY 12601

**SOLD TO:**  
ST FRANCIS HOSPITAL  
241 NORTH RD  
POUGHKEEPSIE NY 12601

**AGREEMENT NUMBER**

35091247

PAGE 1 of 2

TERMS OF PAYMENT  
Net 30 Days- Service

TAX STATE  
NY

ITEM	DESCRIPTION/PURCHASE ORDER	TOTAL PRICE
0010	<p>Functional Location: 400-213197 syngo Workflow ST FRANCIS HOSPITAL, 241 NORTH RD, POUGHKEEPSIE, NY 12601 Radiology/Mammography Purchase Order No: Ref. No.: Price reflects 10% prompt payment discount Billing Description: Radiology/Mammography</p> <p>Billing notes: One month in advance Agt. Dated - 6/29/07Agt.</p> <p>Contract Billing for Period 10/01/2012 through 10/31/2012</p>	2,875.00
0020	<p>Serial number: 324285 Functional Location:  ST FRANCIS HOSPITAL, 241 NORTH RD, POUGHKEEPSIE, NY 12601 BEA MessageQ Annual Suppt Fee. Purchase Order No: Contract Billing for Period 10/01/2012 through 10/31/2012</p>	333.85

**PLEASE REMIT TO:**

**Siemens Medical Solutions USA, Inc., PO Box 120001 - Dept. 0733, DALLAS, TX 75312-0733**

PAST DUE INVOICES ARE SUBJECT TO A SERVICE CHARGE OF 1 1/2% PER MONTH, NOT TO EXCEED THE MAXIMUM RATE ALLOWED BY LAW. ALL SERVICE CONTRACTS ARE SUBJECT TO SIEMENS MEDICAL SOLUTIONS USA, INC. TERMS AND CONDITIONS AS SET FORTH ON THE FRONT AND BACK OF THE SERVICE CONTRACT.



**SIEMENS**

Health Services Invoices Pg 17 of 126

**INVOICE**

Siemens Medical Solutions USA, Inc.  
51 Valley Stream Parkway, Malvern PA 19355

INVOICE NUMBER	95747610
INVOICE DATE	10/07/2012
CUSTOMER NO.	10182
OUR REFERENCE NO.	0035091247
DISTRICT	12

ITEM	DESCRIPTION/PURCHASE ORDER	TOTAL PRICE
0030	<p>Functional Location:</p> <p>ST FRANCIS HOSPITAL, 241 NORTH RD, POUGHKEEPSIE, NY 12601</p> <p>Sybase Monthly Support</p> <p>Purchase Order No:</p> <p>Contract Billing for Period 10/01/2012 through 10/01/2012</p> <p><b>SUBTOTAL</b></p> <p>TAX</p> <p><b>INVOICE TOTAL</b></p> <p><b>INVOICE BALANCE</b></p> <p>400-213197 syngo Workflow</p> <p>The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or existence of discount programs be properly disclosed and reflected in the costs claimed or charges made by a provider under Medicare or a State Health Program.</p> <p>PLEASE DIRECT ANY INQUIRIES REGARDING THIS BILLING TO:</p> <p>1-800-888-SIEM (or 7436)</p> <p>ATTN: Customer Administration.</p>	<p>3.30</p> <p>3,212.15</p> <p><b>3,212.15</b></p> <p><b>3,212.15</b></p>

**PLEASE REMIT TO:**

**Siemens Medical Solutions USA, Inc., PO Box 120001 - Dept. 0733, DALLAS, TX 75312-0733**

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**SIEMENS**

Health Services Invoices Pg 18 of 186

**INVOICE**

Siemens Medical Solutions USA, Inc.  
51 Valley Stream Parkway, Malvern PA 19355

INVOICE NUMBER	95759892
INVOICE DATE	11/01/2012
CUSTOMER NO.	10182
OUR REFERENCE NO.	0035091247
DISTRICT	12

**INVOICE ENCLOSED**

**BILL TO:**  
ST FRANCIS HOSPITAL  
ATTN: ACCOUNTS PAYABLE  
35 NORTH ROAD  
POUGHKEEPSIE NY 12601

**SOLD TO:**  
ST FRANCIS HOSPITAL  
241 NORTH RD  
POUGHKEEPSIE NY 12601

**AGREEMENT NUMBER**

35091247

PAGE 1 of 2

TERMS OF PAYMENT		TAX STATE
Net 30 Days- Service		NY
ITEM	DESCRIPTION/PURCHASE ORDER	TOTAL PRICE
0010	Functional Location: 400-213197 syngo Workflow ST FRANCIS HOSPITAL, 241 NORTH RD, POUGHKEEPSIE, NY 12601 Radiology/Mammography Purchase Order No: Ref. No.: Price reflects 10% prompt payment discount Billing Description: Radiology/Mammography  Billing notes: One month in advance Agt. Dated - 6/29/07Agt.  Contract Billing for Period 11/01/2012 through 11/30/2012	2,875.00
0020	Serial number: 324285 Functional Location:  ST FRANCIS HOSPITAL, 241 NORTH RD, POUGHKEEPSIE, NY 12601 BEA MessageQ Annual Suppt Fee. Purchase Order No: Contract Billing for Period 11/01/2012 through 11/30/2012	333.85

**PLEASE REMIT TO:**

**Siemens Medical Solutions USA, Inc., PO Box 120001 - Dept. 0733, DALLAS, TX 75312-0733**

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**SIEMENS**

Siemens Medical Solutions USA, Inc.

51 Valley Stream Parkway, Malvern PA 19355

**INVOICE**

INVOICE NUMBER	95759892
INVOICE DATE	11/01/2012
CUSTOMER NO.	10182
OUR REFERENCE NO.	0035091247
DISTRICT	12

ITEM	DESCRIPTION/PURCHASE ORDER	TOTAL PRICE
0030	<p>Functional Location:</p> <p>ST FRANCIS HOSPITAL, 241 NORTH RD, POUGHKEEPSIE, NY 12601</p> <p>Sybase Monthly Support</p> <p>Purchase Order No:</p> <p>Contract Billing for Period 10/02/2012 through 11/30/2012</p> <p><b>SUBTOTAL</b></p> <p>TAX</p> <p><b>INVOICE TOTAL</b></p> <p><b>INVOICE BALANCE</b></p> <p>400-213197 syngo Workflow</p> <p>The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or existence of discount programs be properly disclosed and reflected in the costs claimed or charges made by a provider under Medicare or a State Health Program.</p> <p>PLEASE DIRECT ANY INQUIRIES REGARDING THIS BILLING TO:</p> <p>1-800-888-SIEM (or 7436)</p> <p>ATTN: Customer Administration.</p>	<p>194.70</p> <p>3,403.55</p> <p>3,403.55</p> <p>3,403.55</p>

**PLEASE REMIT TO:**

Siemens Medical Solutions USA, Inc., PO Box 120001 - Dept. 0733, DALLAS, TX 75312-0733

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# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

ST. FRANCIS HOSPITAL & HEALTH  
45 NORTH ROAD  
POUGHKEEPSIE NY 12601  
ATTENTION: BETTY HALSTEAD, CONTROLLER

GO GREEN! SWITCH TO PAPERLESS INVOICES WITH EINVOICING - SPREADSHEET FUNCTIONALITY AVAILABLE! GO TO  
[HTTP://WWW.SMED.COM/CUSTOMERS/REGISTER.ASP](http://www.smед.com/customers/register.asp) AND FOLLOW THE REGISTRATION PROCESS. IF YOUR ORGANIZATION IS  
REGISTERED, YOUR WEBSITE ADMINISTRATOR CAN GRANT YOU ACCESS. SIGN UP FOR CURRENT MONTH EMAIL NOTIFICATIONS!

# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

324285 FFS REMITTANCE PAGE JUNE 30, 2013 PAGE 1

ST. FRANCIS HOSPITAL & HEALTH  
45 NORTH ROAD  
POUGHKEEPSIE NY 12601

ATTENTION: BETTY HALSTEAD, CONTROLLER

INVOICE SUMMARY FOR: JUNE, 2013

INVOICE TYPE -----	INVOICE NUMBER -----	INVOICE AMOUNT -----	AMOUNT PAID -----
RECURRING INVOICE	0000206351	62,084.56	_____
UTILIZATION INVOICE	0000206353	5,547.50	_____
	TOTAL	\$67,632.06	

Siemens Health Services preferred methods of payment are ACH, EFT and wire transfers.  
To set up electronic payments email: [custacct.healthcare@siemens.com](mailto:custacct.healthcare@siemens.com)

Please Remit To:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank  
PO Box 120001 Dept 0733  
Dallas TX 75312-0733  
United States

Please use the following address for overnight/express mail checks:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank Lockbox - Dept 890733  
1501 North Plano Road Suite 100  
Richardson, TX 75081

BILLING INQUIRIES: Heather Moore (610)448-3368, [heather.moore@siemens.com](mailto:heather.moore@siemens.com)

THE CUSTOMER IS HEREBY INFORMED THAT SECTION 1128B(B) OF THE SOCIAL SECURITY ACT REQUIRES THAT DISCOUNTS AND OTHER REDUCTIONS IN PRICE OR THE EXISTENCE OF DISCOUNT PROGRAMS BE PROPERLY DISCLOSED AND REFLECTED IN THE COSTS CLAIMED OR CHARGES MADE BY A PROVIDER UNDER MEDICARE OR A STATE HEALTH PROGRAM.

NOTICE: COMPLIANCE WITH LEGAL AND INTERNAL REGULATIONS IS AN INTEGRAL PART OF ALL BUSINESS PROCESSES AT SIEMENS. POSSIBLE INFRINGEMENTS CAN BE REPORTED TO OUR HELPDESK "TELL US" AT [WWW.SIEMENS.COM/TELL-US](http://WWW.SIEMENS.COM/TELL-US).

# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

324285 FFS INVOICE SUMMARY JUNE 30, 2013 PAGE 1

ST. FRANCIS HOSPITAL & HEALTH  
45 NORTH ROAD  
POUGHKEEPSIE NY 12601

ATTENTION: BETTY HALSTEAD, CONTROLLER

INVOICE SUMMARY FOR: JUNE, 2013

RECURRING INVOICE	0000206351	62,084.56
UTILIZATION INVOICE	0000206353	5,547.50

Siemens Health Services preferred methods of payment are ACH, EFT and wire transfers.  
To set up electronic payments email: [custacct.healthcare@siemens.com](mailto:custacct.healthcare@siemens.com)

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c/o Mellon Bank  
PO Box 120001 Dept 0733  
Dallas TX 75312-0733  
United States

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c/o Mellon Bank Lockbox - Dept 890733  
1501 North Plano Road Suite 100  
Richardson, TX 75081

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# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

## Recurring Invoice

Bill To:  
ST FRANCIS HOSPITAL  
Betty Halstead  
35 NORTH ROAD  
POUGHKEEPSIE NY 12601  
United States

Page: 1  
Invoice Number: 0000206351  
Invoice Date: 06/30/2013  
Customer No.: 324285  
Due Date: 07/31/2013

Line	Fee Description	Invoice Amt	Invoice Subtotals	Tax
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Customer Reference ID: N/A

### RECURRING FEES

1	Invision Applications Notes: Contract Date: 3/30/2012 Monthly RCO processing and Extended Support Fee Siemens ID: CON10006334-B103	40,190.56
2	Monthly Managed Service Fees Notes: Contract Date: 3/30/2012 Help desk fees 6/1/2012 - 5/31/2013 Siemens ID: CON10006334-B105	11,486.00
3	Monthly Managed Service Fees Notes: Contract Date: 3/30/2012 Monthly ESM Fee 6/1/2012 - 5/31/2013 Siemens ID: CON10006334-B106	4,533.00

SUBTOTAL FOR RECURRING FEES 56,209.56

### NETWORKING FEES

4	Wan Fee Notes: Contract Date: 3/30/2012 Site Type 3A (384k with MIS Backup) Siemens ID: CON10006334-B107	5,875.00
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SUBTOTAL FOR NETWORKING FEES 5,875.00

# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

## Recurring Invoice

Bill To:  
ST FRANCIS HOSPITAL  
Betty Halstead  
35 NORTH ROAD  
POUGHKEEPSIE NY 12601  
United States

Page: 2  
Invoice Number 0000206351  
Invoice Date: 06/30/2013  
Customer No. 324285  
Due Date 07/31/2013

Invoice Amount \$ 62,084.56

Please Remit To:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank  
PO Box 120001 Dept 0733  
Dallas TX 75312-0733  
United States

Please use the following address for overnight/express mail checks:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank Lockbox - Dept 890733  
1501 North Plano Road Suite 100  
Richardson, TX 75081

Billing inquiries: Heather Moore 610/448-3368, [heather.moore@siemens.com](mailto:heather.moore@siemens.com)

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Notice: Compliance with legal and internal regulations is an integral part of all business processes at Siemens. Possible infringements can be reported to our HelpDesk "Tell us" at [www.siemens.com/tell-us](http://www.siemens.com/tell-us).

Line	Fee Description	Invoice Amt	Invoice Subtotals	Tax
	Pretax Invoice Amount		62,084.56	
	TOTAL AMOUNT DUE :		\$ 62,084.56	



SUBTOTAL FOR EQUIPMENT MAINTENANCE FEES	328.00
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# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

## Utilization Invoice

Bill To:  
ST FRANCIS HOSPITAL  
Betty Halstead  
35 NORTH ROAD  
POUGHKEEPSIE NY 12601  
United States

Page: 2  
Invoice Number: 0000206353  
Invoice Date: 06/30/2013  
For Services Rendered: 05/2013  
Customer No.: 324285  
Due Date: 07/31/2013

Invoice Amount \$ 5,547.50

Please Remit To:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank  
PO Box 120001 Dept 0733  
Dallas TX 75312-0733  
United States

Please use the following address for overnight/express mail checks:  
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Line	Fee Description	Qty	UOM	Rate	Invoice Amt	Invoice Subtotals	Tax
	Pretax Invoice Amount					5,547.50	
	TOTAL AMOUNT DUE :				\$	5,547.50	

ST FRANCIS HOSPITAL 241 NORTH ROAD POUGHKEEPSIE TYPE: MASTER FILE			DIRECT LINE SERVICES SUMMARY REG/CODE: FFS		JUNE 30, 2013	
NY 12601			CUSTOMER NUMBER: 32428-5		PAGE 1	
DATE	TIME	DESCRIPTION	NUMBER REELS	TAPE NUMBER	TAPE CHARGE	SHIPPING CHARGE
05/05/13	2:59:74	DAILY MHH FILE VIA FTP		FE5986	175.00	0.00
05/05/13	2:55:05	MONTHLY TCC AND REVGR0 PROCESS		FE5887	400.00	0.00
05/15/13	7:20:80	CBHV REV TCC SVC FEE		FM1332	600.00	0.00
GRAND TOTAL					\$1175.00	\$0.00
					=====	=====

ADHRPT  
06/30/13  
10:42:08

M O N T H L Y R E P O R T L I S T

PAGE 1

ST FRANCIS HOSPITAL

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<<< PA ARCHIVE ADHOCs >>>

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ADHRPT  
06/30/13  
10:42:08

MONTHLY REPORT LIST

PAGE 2

ST FRANCIS HOSPITAL

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<<< PA ARCHIVE ADHOC >>>

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ADHRPT  
06/30/13  
10:42:08

MONTHLY REPORT LIST

PAGE 3

ST FRANCIS HOSPITAL

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.....	*\$PXRPT9	001	05/06/13	16:28	2600	4924	0	0	R001F0FS
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.....	*\$PXRPT8	001	05/07/13	16:27	2600	7171	0	0	R001F0FS
.....	*\$PXRPT9	001	05/07/13	16:27	2600	4924	0	0	R001F0FS
.....	*\$PXADMS	001	05/08/13	16:15	2600	3	0	0	R001F0FS
.....	*\$PXADNM	001	05/08/13	16:15	2600	3	0	0	R001F0FS
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.....	*\$PXNANS	001	05/08/13	16:15	2600	3	0	0	R001F0FS
.....	*\$PXRPT3	001	05/08/13	16:15	2600	26	0	0	R001F0FS
.....	*\$PXRPT5	001	05/08/13	16:15	2600	7449	0	0	R001F0FS
.....	*\$PXRPT8	001	05/08/13	16:16	2600	7168	0	0	R001F0FS
.....	*\$PXRPT9	001	05/08/13	16:16	2600	4925	0	0	R001F0FS
.....	*\$PXRPT3	001	05/09/13	16:20	2600	41	0	0	R001F0FS
.....	*\$PXRPT5	001	05/09/13	16:20	2600	7450	0	0	R001F0FS

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06/30/13  
10:42:08

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PAGE 4

ST FRANCIS HOSPITAL

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USER CHECK	REPORT NAME	SEQ NBR	RUN DATE	RUN TIME	ROI	PAGES	FICHE COPIES	FICHE PIECES	DESTINATIONS
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ADHRPT  
06/30/13  
10:42:08

MONTHLY REPORT LIST

PAGE 5

ST FRANCIS HOSPITAL

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<<< PA ARCHIVE ADHOC >>>

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M O N T H L Y   R E P O R T   L I S T

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ST FRANCIS HOSPITAL

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.....	*\$PXRPT5	001	05/20/13	16:31	2600	7468	0	0	R001F0FS
.....	*\$PXRPT6	001	05/20/13	16:31	2600	386	0	0	R001F0FS
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06/30/13  
10:42:08

M O N T H L Y R E P O R T L I S T

PAGE 7

ST FRANCIS HOSPITAL

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<<< PA ARCHIVE ADHOC >>>

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.....	*\$PXRPT6	001	05/24/13	16:29	2600	386	0	0	R001F0FS
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TOTAL 168

ST FRANCIS HOSPITAL  
241 NORTH ROAD  
POUGHKEEPSIE, NY 12601  
SIEMENS PRINTSTATION MAINTENANCE FOR THE PERIOD: 05/01/13 - 05/31/13

SMS PRINTSTATION MAINTENANCE DETAIL  
CODE/REG: FFS

DATE: JUNE 30, 2013  
PAGE: 1

CUSTOMER NUMBER: 324285

QUANTITY	MODEL	DESCRIPTION	FUNCTION	MONTHLY RATE	AMOUNT	
1	6400-15	IBM 6415 Lineprinter			164.00	164
1	6400-15	IBM 6415 Lineprinter			164.00	164
SUB-TOTAL:					\$328.00	
TOTAL:					\$328.00	

HDX DETAIL BACKUP

PAGE: 1  
C/A: Z

ST FRANCIS HOSPITAL  
241 NORTH ROAD  
POUGHKEEPSIE , NY 12601

REG/CODE: FFS  
CUSTOMER NUMBER: 324285

06/30/2013

===== H D X T R A N S A C T I O N D E T A I L =====

APPLICATION: ELIGIBILITY

TRANSACTION ID: XELNY191	DATE	TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
	04/30/13	ELIGIBILITY NEW YORK MEDICAID	1	
	05/07/13	ELIGIBILITY NEW YORK MEDICAID	3	
	05/15/13	ELIGIBILITY NEW YORK MEDICAID	2	
	05/22/13	ELIGIBILITY NEW YORK MEDICAID	1	
TRANSACTION ID: XELNY191			TRANS QUANTITY:	7

TRANSACTION ID: XELNY201	DATE	TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
	05/07/13	ELIG - EMPIRE BLUE CROSS BLUE SHIELD NY	3	
	05/22/13	ELIG - EMPIRE BLUE CROSS BLUE SHIELD NY	1	
TRANSACTION ID: XELNY201			TRANS QUANTITY:	4

TRANSACTION ID: XELNY221	DATE	TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
	05/20/13	ELIG - MVP IN NEW YORK	3	
TRANSACTION ID: XELNY221			TRANS QUANTITY:	3

TRANSACTION ID: XELZZ011	DATE	TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
	05/08/13	ELG MEDICARE PART A	1	
	05/15/13	ELG MEDICARE PART A	1	
	05/20/13	ELG MEDICARE PART A	5	
	05/22/13	ELG MEDICARE PART A	1	
TRANSACTION ID: XELZZ011			TRANS QUANTITY:	8

TRANSACTION ID: XELZZ271	DATE	TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
	05/22/13	ELG AETNA/MEDUNIT	1	

HDX DETAIL BACKUP

PAGE: 2  
C/A: Z

ST FRANCIS HOSPITAL  
241 NORTH ROAD  
POUGHKEEPSIE , NY 12601

REG/CODE: FFS  
CUSTOMER NUMBER: 324285

06/30/2013

===== H D X T R A N S A C T I O N D E T A I L =====

TRANSACTION ID: XELZZ271

TRANS QUANTITY: 1

APPL TOTAL: 23

APPLICATION: ELECT. REMIT

TRANSACTION ID: XRANY131

DATE	TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
05/01/13	REMITTANCE BILLING - NEW YORK MEDICAID	8	
05/01/13	REMITTANCE BILLING - NEW YORK MEDICAID	750	
05/06/13	REMITTANCE BILLING - NEW YORK MEDICAID	5	
05/06/13	REMITTANCE BILLING - NEW YORK MEDICAID	744	
05/06/13	REMITTANCE BILLING - NEW YORK MEDICAID	1	
05/08/13	REMITTANCE BILLING - NEW YORK MEDICAID	10	
05/08/13	REMITTANCE BILLING - NEW YORK MEDICAID	1028	
05/13/13	REMITTANCE BILLING - NEW YORK MEDICAID	102	
05/13/13	REMITTANCE BILLING - NEW YORK MEDICAID	1	
05/15/13	REMITTANCE BILLING - NEW YORK MEDICAID	694	
05/15/13	REMITTANCE BILLING - NEW YORK MEDICAID	9	
05/20/13	REMITTANCE BILLING - NEW YORK MEDICAID	35	
05/22/13	REMITTANCE BILLING - NEW YORK MEDICAID	3	
05/27/13	REMITTANCE BILLING - NEW YORK MEDICAID	108	
05/29/13	REMITTANCE BILLING - NEW YORK MEDICAID	458	
05/29/13	REMITTANCE BILLING - NEW YORK MEDICAID	6	

TRANSACTION ID: XRANY131

TRANS QUANTITY: 3962

TRANSACTION ID: XRANY161

DATE	TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
05/01/13	REMITTANCE-MVP IN NEW YORK	64	
05/03/13	REMITTANCE-MVP IN NEW YORK	60	
05/06/13	REMITTANCE-MVP IN NEW YORK	105	
05/08/13	REMITTANCE-MVP IN NEW YORK	114	
05/10/13	REMITTANCE-MVP IN NEW YORK	71	

HDX DETAIL BACKUP

PAGE: 3  
C/A: Z

ST FRANCIS HOSPITAL  
241 NORTH ROAD  
POUGHKEEPSIE , NY 12601

REG/CODE: FFS

CUSTOMER NUMBER: 324285

06/30/2013

===== H D X T R A N S A C T I O N D E T A I L =====

05/13/13	REMITTANCE-MVP IN NEW YORK	97
05/15/13	REMITTANCE-MVP IN NEW YORK	54
05/17/13	REMITTANCE-MVP IN NEW YORK	89
05/20/13	REMITTANCE-MVP IN NEW YORK	111
05/22/13	REMITTANCE-MVP IN NEW YORK	64
05/24/13	REMITTANCE-MVP IN NEW YORK	115
05/27/13	REMITTANCE-MVP IN NEW YORK	159
05/29/13	REMITTANCE-MVP IN NEW YORK	19
05/31/13	REMITTANCE-MVP IN NEW YORK	145

TRANSACTION ID: XRAY161

TRANS QUANTITY: 1267

TRANSACTION DATE	ID: XRAZZ011 TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
05/07/13	ERS MEDICARE	3	
05/08/13	ERS MEDICARE	3	
05/09/13	ERS MEDICARE	2	
05/10/13	ERS MEDICARE	7	
05/14/13	ERS MEDICARE	2	
05/15/13	ERS MEDICARE	1	
05/16/13	ERS MEDICARE	2	
05/20/13	ERS MEDICARE	1	
05/22/13	ERS MEDICARE	2	

TRANSACTION ID: XRAZZ011

TRANS QUANTITY: 23

=====

APPL TOTAL:	5252
=====	
GRAND TOTAL:	5275
=====	

# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

CUSTOMER: 324285 MKT REGION: XX INVOICE NUMBER: SS324283060 JUNE 30, 2013 PAGE 1  
ST. FRANCIS HOSPITAL  
35 NORTH ROAD  
POUGHKEEPSIE NY 12601  
ATTENTION: CONTROLLER  
FOR SUPPORT RENDERED: MAY, 2013

SMS REF CODE	DESCRIPTION						
REPORTED DATE TIME	CLOSED DATE TIME	CUST REF	TYPE	HOURS	ADJ IND	RATE/HR	AMOUNT
6582201	NAME: PATRICIA UTTER	SUPPL SUPPORT APPROVED BY PATRICIA UTTER					
SCCS	Need the follow reports demanded yes to all libraries: *\$PXIC2, *\$PXOA2, *\$PXIP*\$PXIA2 *\$PXOC2, *\$PXOP2.						
03/18 09:29	05/30 22:06	NOT GIVEN	SW	2.0		190.00	\$380.00
							----- \$380.00 =====

THIS INVOICE DUE IN FULL BY 07/30/13

PLEASE REMIT TO:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank  
PO Box 120001 Dept 0733  
Dallas TX 75312-0733

OWTY (OUT OF WARRANTY) CAUSE CODE IS INVOICED AT TWO TIMES THE SUPPLEMENTAL SUPPORT RATE.



# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

CUSTOMER: 324285 MKT REGION: XX INVOICE NUMBER: SS324283060 JUNE 30, 2013 PAGE 2  
ST. FRANCIS HOSPITAL

SMS REF  
CODE

## DESCRIPTION

REPORTED DATE TIME	CLOSED DATE TIME	CUST REF	TYPE	HOURS	ADJ IND	RATE/HR	AMOUNT
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# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

ST. FRANCIS HOSPITAL & HEALTH  
45 NORTH ROAD  
POUGHKEEPSIE NY 12601

ATTENTION: BETTY HALSTEAD, CONTROLLER

GO GREEN! SWITCH TO PAPERLESS INVOICES WITH EINVOICING - SPREADSHEET FUNCTIONALITY AVAILABLE! GO TO  
[HTTP://WWW.SMED.COM/CUSTOMERS/REGISTER.ASP](http://www.smmed.com/customers/register.asp) AND FOLLOW THE REGISTRATION PROCESS. IF YOUR ORGANIZATION IS  
REGISTERED, YOUR WEBSITE ADMINISTRATOR CAN GRANT YOU ACCESS. SIGN UP FOR CURRENT MONTH EMAIL NOTIFICATIONS!

# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

324285 FFS REMITTANCE PAGE JULY 24, 2013 PAGE 1

ST. FRANCIS HOSPITAL & HEALTH  
45 NORTH ROAD  
POUGHKEEPSIE NY 12601

ATTENTION: BETTY HALSTEAD, CONTROLLER

INVOICE SUMMARY FOR: JULY, 2013

INVOICE TYPE	INVOICE NUMBER	INVOICE AMOUNT	AMOUNT PAID
RECURRING INVOICE	0000207578	55,475.93	_____
UTILIZATION INVOICE	0000207581	4,832.16	_____
TOTAL		\$60,308.09	_____

Siemens Health Services preferred methods of payment are ACH, EFT and wire transfers.  
To set up electronic payments email: [custacct.healthcare@siemens.com](mailto:custacct.healthcare@siemens.com)

Please Remit To:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank  
PO Box 120001 Dept 0733  
Dallas TX 75312-0733  
United States

Please use the following address for overnight/express mail checks:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank Lockbox - Dept 890733  
1501 North Plano Road Suite 100  
Richardson, TX 75081

BILLING INQUIRIES: Heather Moore (610)448-3368, [heather.moore@siemens.com](mailto:heather.moore@siemens.com)

THE CUSTOMER IS HEREBY INFORMED THAT SECTION 1128B(B) OF THE SOCIAL SECURITY ACT REQUIRES THAT DISCOUNTS AND OTHER REDUCTIONS IN PRICE OR THE EXISTENCE OF DISCOUNT PROGRAMS BE PROPERLY DISCLOSED AND REFLECTED IN THE COSTS CLAIMED OR CHARGES MADE BY A PROVIDER UNDER MEDICARE OR A STATE HEALTH PROGRAM.

NOTICE: COMPLIANCE WITH LEGAL AND INTERNAL REGULATIONS IS AN INTEGRAL PART OF ALL BUSINESS PROCESSES AT SIEMENS. POSSIBLE INFRINGEMENTS CAN BE REPORTED TO OUR HELPDESK "TELL US" AT [WWW.SIEMENS.COM/TELL-US](http://WWW.SIEMENS.COM/TELL-US).

# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

324285 FFS INVOICE SUMMARY JULY 24, 2013 PAGE 1

ST. FRANCIS HOSPITAL & HEALTH  
45 NORTH ROAD  
POUGHKEEPSIE NY 12601

ATTENTION: BETTY HALSTEAD, CONTROLLER

INVOICE SUMMARY FOR: JULY, 2013

RECURRING INVOICE	0000207578	55,475.93
UTILIZATION INVOICE	0000207581	4,832.16

Siemens Health Services preferred methods of payment are ACH, EFT and wire transfers.  
To set up electronic payments email: [custacct.healthcare@siemens.com](mailto:custacct.healthcare@siemens.com)

Please Remit To:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank  
PO Box 120001 Dept 0733  
Dallas TX 75312-0733  
United States

Please use the following address for overnight/express mail checks:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank Lockbox - Dept 890733  
1501 North Plano Road Suite 100  
Richardson, TX 75081

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BILLING INQUIRIES: Heather Moore (610)448-3368, [heather.moore@siemens.com](mailto:heather.moore@siemens.com)

THE CUSTOMER IS HEREBY INFORMED THAT SECTION 1128B(B) OF THE SOCIAL SECURITY ACT REQUIRES THAT DISCOUNTS AND OTHER REDUCTIONS IN PRICE OR THE EXISTENCE OF DISCOUNT PROGRAMS BE PROPERLY DISCLOSED AND REFLECTED IN THE COSTS CLAIMED OR CHARGES MADE BY A PROVIDER UNDER MEDICARE OR A STATE HEALTH PROGRAM.

NOTICE: COMPLIANCE WITH LEGAL AND INTERNAL REGULATIONS IS AN INTEGRAL PART OF ALL BUSINESS PROCESSES AT SIEMENS. POSSIBLE INFRINGEMENTS CAN BE REPORTED TO OUR HELPDESK "TELL US" AT [WWW.SIEMENS.COM/TELL-US](http://WWW.SIEMENS.COM/TELL-US).

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# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

## Recurring Invoice

Bill To:  
ST FRANCIS HOSPITAL  
Betty Halstead  
35 NORTH ROAD  
POUGHKEEPSIE NY 12601  
United States

Page: 1  
Invoice Number: 0000207578  
Invoice Date: 07/24/2013  
Customer No.: 324285  
Due Date: 08/23/2013

Line	Fee Description	Invoice Amt	Invoice Subtotals	Tax
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Customer Reference ID: N/A

### RECURRING FEES

1	Invision Applications Notes: Contract Date: 3/30/2012 Monthly RCO processing and Extended Support Fee Siemens ID: CON10006334-B103	33,581.93
2	Monthly Managed Service Fees Notes: Contract Date: 3/30/2012 Help desk fees 6/1/2012 - 5/31/2013 Siemens ID: CON10006334-B105	11,486.00
3	Monthly Managed Service Fees Notes: Contract Date: 3/30/2012 Monthly ESM Fee 6/1/2012 - 5/31/2013 Siemens ID: CON10006334-B106	4,533.00

SUBTOTAL FOR RECURRING FEES 49,600.93

### NETWORKING FEES

4	Wan Fee Notes: Contract Date: 3/30/2012 Site Type 3A (384k with MIS Backup) Siemens ID: CON10006334-B107	5,875.00
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SUBTOTAL FOR NETWORKING FEES 5,875.00

# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

## Recurring Invoice

Bill To:  
ST FRANCIS HOSPITAL  
Betty Halstead  
35 NORTH ROAD  
POUGHKEEPSIE NY 12601  
United States

Page: 2  
Invoice Number 0000207578  
Invoice Date: 07/24/2013  
Customer No. 324285  
Due Date 08/23/2013

Invoice Amount \$ 55,475.93

Please Remit To:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank  
PO Box 120001 Dept 0733  
Dallas TX 75312-0733  
United States

Please use the following address for overnight/express mail checks:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank Lockbox - Dept 890733  
1501 North Plano Road Suite 100  
Richardson, TX 75081

Billing inquiries: Heather Moore 610/448-3368, [heather.moore@siemens.com](mailto:heather.moore@siemens.com)

The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or the existence of discount programs be properly disclosed and reflected in the costs claimed or charges made by a provider under Medicare or a State Health Program.

Notice: Compliance with legal and internal regulations is an integral part of all business processes at Siemens. Possible infringements can be reported to our HelpDesk "Tell us" at [www.siemens.com/tell-us](http://www.siemens.com/tell-us).

Line	Fee Description	Invoice Amt	Invoice Subtotals	Tax
	Pretax Invoice Amount		55,475.93	
	TOTAL AMOUNT DUE :		\$ 55,475.93	

<b>SUBTOTAL FOR EQUIPMENT MAINTENANCE FEES</b>	<b>328.00</b>
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# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

## Utilization Invoice

Bill To:  
ST FRANCIS HOSPITAL  
Betty Halstead  
35 NORTH ROAD  
POUGHKEEPSIE NY 12601  
United States

Page: 2  
Invoice Number: 0000207581  
Invoice Date: 07/24/2013  
For Services Rendered: 06/2013  
Customer No.: 324285  
Due Date: 08/23/2013

Invoice Amount \$ 4,832.16

Please Remit To:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank  
PO Box 120001 Dept 0733  
Dallas TX 75312-0733  
United States

Please use the following address for overnight/express mail checks:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank Lockbox - Dept 890733  
1501 North Plano Road Suite 100  
Richardson, TX 75081

Billing inquiries: Heather Moore 610/448-3368, heather.moore@siemens.com

The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or the existence of discount programs be properly disclosed and reflected in the costs claimed or charges made by a provider under Medicare or a State Health Program.

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Line	Fee Description	Qty	UOM	Rate	Invoice Amt	Invoice Subtotals	Tax
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			NY 12601	CUSTOMER NUMBER: 32428-5	PAGE 1		
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06/05/13	2:55:20	MONTHLY TCC AND REVGRO PROCESS		FE6072	400.00	0.00	
06/15/13	7:20:65	CBHV REV TCC SVC FEE		FM1339	600.00	0.00	
GRAND TOTAL					\$1175.00	\$0.00	
					=====	=====	

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.....	*\$PXRPT7	001	06/28/13	16:19	2600	270	0	0	R001F0FS



ADHRPT  
07/24/13  
10:52:01

M O N T H L Y R E P O R T L I S T

PAGE 8

ST FRANCIS HOSPITAL

HC=F REGION=FS

<<< PA ARCHIVE ADHOCS >>>

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USER CHECK	REPORT NAME	SEQ NBR	RUN DATE	RUN TIME	ROI	PAGES	FICHE COPIES	FICHE PIECES	D E S T I N A T I O N S
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-----  
TOTAL 158

ST FRANCIS HOSPITAL  
241 NORTH ROAD  
POUGHKEEPSIE, NY 12601  
SIEMENS PRINTSTATION MAINTENANCE FOR THE PERIOD: 05/01/13 - 05/31/13

SMS PRINTSTATION MAINTENANCE DETAIL  
CODE/REG: FFS  
CUSTOMER NUMBER: 324285

DATE: JULY 24, 2013  
PAGE: 1

QUANTITY	MODEL	DESCRIPTION	FUNCTION	MONTHLY RATE	AMOUNT	
-----	-----	-----	-----	-----	-----	
1	6400-15	IBM 6415 Lineprinter			164.00	164
1	6400-15	IBM 6415 Lineprinter			164.00	164
				SUB-TOTAL:	\$328.00	
				TOTAL:	\$328.00	

HDX DETAIL BACKUP

PAGE: 1  
C/A: Z

ST FRANCIS HOSPITAL  
241 NORTH ROAD  
POUGHKEEPSIE , NY 12601

REG/CODE: FFS  
CUSTOMER NUMBER: 324285

07/24/2013

===== H D X T R A N S A C T I O N D E T A I L =====

APPLICATION: ELIGIBILITY

TRANSACTION DATE	ID: XELNY201 TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
06/13/13	ELIG - EMPIRE BLUE CROSS BLUE SHIELD NY	2	
	TRANSACTION ID: XELNY201	TRANS QUANTITY: 2	

TRANSACTION DATE	ID: XELNY221 TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
06/11/13	ELIG - MVP IN NEW YORK	1	
	TRANSACTION ID: XELNY221	TRANS QUANTITY: 1	

TRANSACTION DATE	ID: XELPA291 TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
06/04/13	ELG - AARP	1	
	TRANSACTION ID: XELPA291	TRANS QUANTITY: 1	

TRANSACTION DATE	ID: XELZZ011 TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
06/04/13	ELG MEDICARE PART A	1	
	TRANSACTION ID: XELZZ011	TRANS QUANTITY: 1	

=====

APPLICATION: ELECT. REMIT

TRANSACTION DATE	ID: XRANY131 TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
06/03/13	REMITTANCE BILLING - NEW YORK MEDICAID	150	

HDX DETAIL BACKUP

PAGE: 2  
C/A: Z

ST FRANCIS HOSPITAL  
241 NORTH ROAD  
POUGHKEEPSIE , NY 12601

REG/CODE: FFS  
CUSTOMER NUMBER: 324285

07/24/2013

===== H D X T R A N S A C T I O N D E T A I L =====

06/05/13	REMITTANCE BILLING - NEW YORK MEDICAID	6
06/05/13	REMITTANCE BILLING - NEW YORK MEDICAID	489
06/10/13	REMITTANCE BILLING - NEW YORK MEDICAID	276
06/12/13	REMITTANCE BILLING - NEW YORK MEDICAID	524
06/12/13	REMITTANCE BILLING - NEW YORK MEDICAID	3
06/17/13	REMITTANCE BILLING - NEW YORK MEDICAID	91
06/17/13	REMITTANCE BILLING - NEW YORK MEDICAID	1
06/19/13	REMITTANCE BILLING - NEW YORK MEDICAID	553
06/19/13	REMITTANCE BILLING - NEW YORK MEDICAID	11
06/24/13	REMITTANCE BILLING - NEW YORK MEDICAID	116
06/24/13	REMITTANCE BILLING - NEW YORK MEDICAID	3
06/26/13	REMITTANCE BILLING - NEW YORK MEDICAID	763
06/26/13	REMITTANCE BILLING - NEW YORK MEDICAID	7

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TRANSACTION ID: XRANY131

TRANS QUANTITY: 2993

TRANSACTION ID: XRANY161

DATE	TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
06/03/13	REMITTANCE-MVP IN NEW YORK	109	
06/05/13	REMITTANCE-MVP IN NEW YORK	120	
06/07/13	REMITTANCE-MVP IN NEW YORK	87	
06/10/13	REMITTANCE-MVP IN NEW YORK	162	
06/12/13	REMITTANCE-MVP IN NEW YORK	112	
06/14/13	REMITTANCE-MVP IN NEW YORK	92	
06/17/13	REMITTANCE-MVP IN NEW YORK	97	
06/19/13	REMITTANCE-MVP IN NEW YORK	63	
06/24/13	REMITTANCE-MVP IN NEW YORK	72	
06/26/13	REMITTANCE-MVP IN NEW YORK	92	
06/28/13	REMITTANCE-MVP IN NEW YORK	82	

=====

TRANSACTION ID: XRANY161

TRANS QUANTITY: 1088

TRANSACTION ID: XRAZZ011

DATE	TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
06/21/13	ERS MEDICARE	64	

HDX DETAIL BACKUP

PAGE: 3  
C/A: Z

ST FRANCIS HOSPITAL  
241 NORTH ROAD  
POUGHKEEPSIE, NY 12601

REG/CODE: FFS

CUSTOMER NUMBER: 324285

07/24/2013

===== H D X T R A N S A C T I O N D E T A I L =====

06/21/13	ERS MEDICARE	9
06/24/13	ERS MEDICARE	9
06/24/13	ERS MEDICARE	1
06/26/13	ERS MEDICARE	1
06/27/13	ERS MEDICARE	12
		=====
TRANSACTION ID: XRAZZ011	TRANS QUANTITY:	96

=====

APPL TOTAL:	4177
=====	
GRAND TOTAL:	4182
=====	

# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

ST. FRANCIS HOSPITAL & HEALTH  
241 NORTH ROAD  
POUGHKEEPSIE NY 12601  
ATTENTION: ACCOUNTS PAYABLE

GO GREEN! SWITCH TO PAPERLESS INVOICES WITH EINVOICING - SPREADSHEET FUNCTIONALITY AVAILABLE! GO TO  
[HTTP://WWW.SMED.COM/CUSTOMERS/REGISTER.ASP](http://www.smmed.com/customers/register.asp) AND FOLLOW THE REGISTRATION PROCESS. IF YOUR ORGANIZATION IS  
REGISTERED, YOUR WEBSITE ADMINISTRATOR CAN GRANT YOU ACCESS. SIGN UP FOR CURRENT MONTH EMAIL NOTIFICATIONS!

# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

324285 FFS REMITTANCE PAGE AUGUST 21, 2013 PAGE 1

ST. FRANCIS HOSPITAL & HEALTH  
241 NORTH ROAD  
POUGHKEEPSIE NY 12601

ATTENTION: ACCOUNTS PAYABLE

INVOICE SUMMARY FOR: AUGUST, 2013

INVOICE TYPE	INVOICE NUMBER	INVOICE AMOUNT	AMOUNT PAID
RECURRING INVOICE	0000209323	51,153.97	
UTILIZATION INVOICE	0000209319	5,800.62	
TOTAL		\$56,954.59	

Siemens Health Services preferred methods of payment are ACH, EFT and wire transfers.  
To set up electronic payments email: [custacct.healthcare@siemens.com](mailto:custacct.healthcare@siemens.com)

Please Remit To:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank  
PO Box 120001 Dept 0733  
Dallas TX 75312-0733  
United States

Please use the following address for overnight/express mail checks:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank Lockbox - Dept 890733  
1501 North Plano Road Suite 100  
Richardson, TX 75081

BILLING INQUIRIES: Heather Moore (610)448-3368, [heather.moore@siemens.com](mailto:heather.moore@siemens.com)

THE CUSTOMER IS HEREBY INFORMED THAT SECTION 1128B(B) OF THE SOCIAL SECURITY ACT REQUIRES THAT DISCOUNTS AND OTHER REDUCTIONS IN PRICE OR THE EXISTENCE OF DISCOUNT PROGRAMS BE PROPERLY DISCLOSED AND REFLECTED IN THE COSTS CLAIMED OR CHARGES MADE BY A PROVIDER UNDER MEDICARE OR A STATE HEALTH PROGRAM.

NOTICE: COMPLIANCE WITH LEGAL AND INTERNAL REGULATIONS IS AN INTEGRAL PART OF ALL BUSINESS PROCESSES AT SIEMENS. POSSIBLE INFRINGEMENTS CAN BE REPORTED TO OUR HELPDESK "TELL US" AT [WWW.SIEMENS.COM/TELL-US](http://WWW.SIEMENS.COM/TELL-US).

# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

324285 FFS INVOICE SUMMARY AUGUST 21, 2013 PAGE 1

ST. FRANCIS HOSPITAL & HEALTH  
241 NORTH ROAD  
POUGHKEEPSIE NY 12601

ATTENTION: ACCOUNTS PAYABLE

INVOICE SUMMARY FOR: AUGUST, 2013

RECURRING INVOICE 0000209323 51,153.97

UTILIZATION INVOICE 0000209319 5,800.62

Siemens Health Services preferred methods of payment are ACH, EFT and wire transfers.  
To set up electronic payments email: [custacct.healthcare@siemens.com](mailto:custacct.healthcare@siemens.com)

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c/o Mellon Bank  
PO Box 120001 Dept 0733  
Dallas TX 75312-0733  
United States

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c/o Mellon Bank Lockbox - Dept 890733  
1501 North Plano Road Suite 100  
Richardson, TX 75081

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# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

## Recurring Invoice

Bill To:  
ST FRANCIS HOSPITAL  
Betty Halstead  
35 NORTH ROAD  
POUGHKEEPSIE NY 12601  
United States

Page: 1  
Invoice Number: 0000209323  
Invoice Date: 08/21/2013  
Customer No.: 324285  
Due Date: 09/20/2013

Line	Fee Description	Invoice Amt	Invoice Subtotals	Tax
------	-----------------	-------------	-------------------	-----

Customer Reference ID: N/A

### RECURRING FEES

1	Invision Applications Notes: Contract Date: 3/30/2012 Monthly RCO processing and Extended Support Fee Siemens ID: CON10006334-B103	29,259.97		
2	Monthly Managed Service Fees Notes: Contract Date: 3/30/2012 Help desk fees 6/1/2012 - 5/31/2013 Siemens ID: CON10006334-B105	11,486.00		
3	Monthly Managed Service Fees Notes: Contract Date: 3/30/2012 Monthly ESM Fee 6/1/2012 - 5/31/2013 Siemens ID: CON10006334-B106	4,533.00		
SUBTOTAL FOR RECURRING FEES			45,278.97	

### NETWORKING FEES

4	Wan Fee Notes: Contract Date: 3/30/2012 Site Type 3A (384k with MIS Backup) Siemens ID: CON10006334-B107	5,875.00		
SUBTOTAL FOR NETWORKING FEES			5,875.00	

# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

## Recurring Invoice

Bill To:  
ST FRANCIS HOSPITAL  
Betty Halstead  
35 NORTH ROAD  
POUGHKEEPSIE NY 12601  
United States

Page: 2  
Invoice Number 0000209323  
Invoice Date: 08/21/2013  
Customer No. 324285  
Due Date 09/20/2013

Invoice Amount \$ 51,153.97

Please Remit To:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank  
PO Box 120001 Dept 0733  
Dallas TX 75312-0733  
United States

Please use the following address for overnight/express mail checks:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank Lockbox - Dept 890733  
1501 North Plano Road Suite 100  
Richardson, TX 75081

Billing inquiries: Heather Moore 610/448-3368, heather.moore@siemens.com

The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or the existence of discount programs be properly disclosed and reflected in the costs claimed or charges made by a provider under Medicare or a State Health Program.

Notice: Compliance with legal and internal regulations is an integral part of all business processes at Siemens. Possible infringements can be reported to our HelpDesk "Tell us" at [www.siemens.com/tell-us](http://www.siemens.com/tell-us).

Line	Fee Description	Invoice Amt	Invoice Subtotals	Tax
	Pretax Invoice Amount		51,153.97	
	TOTAL AMOUNT DUE :		\$ 51,153.97	

<b>SUBTOTAL FOR EQUIPMENT MAINTENANCE FEES</b>	<b>328.00</b>
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# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

## Utilization Invoice

Bill To:  
ST FRANCIS HOSPITAL  
Betty Halstead  
35 NORTH ROAD  
POUGHKEEPSIE NY 12601  
United States

Page: 2  
Invoice Number: 0000209319  
Invoice Date: 08/21/2013  
For Services Rendered: 07/2013  
Customer No. 324285  
Due Date 09/20/2013

Invoice Amount \$ 5,800.62

Please Remit To:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank  
PO Box 120001 Dept 0733  
Dallas TX 75312-0733  
United States

Please use the following address for overnight/express mail checks:  
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Line	Fee Description	Qty	UOM	Rate	Invoice Amt	Invoice Subtotals	Tax
	Pretax Invoice Amount					5,800.62	
	TOTAL AMOUNT DUE :				\$	5,800.62	

ST FRANCIS HOSPITAL 241 NORTH ROAD POUGHKEEPSIE TYPE: MASTER FILE		NY 12601	DIRECT LINE SERVICES SUMMARY REG/CODE: FFS CUSTOMER NUMBER: 32428-5		AUGUST 21, 2013 PAGE 1		
DATE	TIME	DESCRIPTION	NUMBER REELS	TAPE NUMBER	TAPE CHARGE	SHIPPING CHARGE	
07/05/13	2:58:68	MONTHLY TCC AND REVGRO PROCESS		FE6255	400.00	0.00	
07/05/13	2:68:40	DAILY MHH FILE VIA FTP		FE6348	175.00	0.00	
07/15/13	7:20:47	CBHV REV TCC SVC FEE		FM1346	600.00	0.00	
GRAND TOTAL					\$1175.00	\$0.00	
					=====	=====	

ADHRPT  
08/21/13  
11:01:30

M O N T H L Y R E P O R T L I S T

PAGE 1

ST FRANCIS HOSPITAL

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ADHRPT  
08/21/13  
11:01:30

MONTHLY REPORT LIST

PAGE 2

ST FRANCIS HOSPITAL

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ADHRPT  
08/21/13  
11:01:30

M O N T H L Y   R E P O R T   L I S T

PAGE   3

ST FRANCIS HOSPITAL

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USER CHECK	REPORT NAME	SEQ NBR	RUN DATE	RUN TIME	ROI	PAGES	FICHE COPIES	FICHE PIECES	D E S T I N A T I O N S
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.....	*\$PXRPT7	001	07/06/13	16:17	2600	270	0	0	R001F0FS
.....	*\$PXRPT8	001	07/06/13	16:17	2600	8332	0	0	R001F0FS
.....	*\$PXRPT3	001	07/07/13	16:19	2600	3	0	0	R001F0FS
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.....	*\$PXRPT6	001	07/08/13	16:31	2600	389	0	0	R001F0FS
.....	*\$PXRPT7	001	07/08/13	16:31	2600	270	0	0	R001F0FS
.....	*\$PXRPT8	001	07/08/13	16:31	2600	8332	0	0	R001F0FS
.....	*\$PXRPT3	001	07/09/13	16:24	2600	5	0	0	R001F0FS
.....	*\$PXRPT5	001	07/09/13	16:24	2600	387	0	0	R001F0FS



ADHRPT  
08/21/13  
11:01:30

M O N T H L Y R E P O R T L I S T

PAGE 4

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USER CHECK	REPORT NAME	SEQ NBR	RUN DATE	RUN TIME	ROI	PAGES	FICHE COPIES	FICHE PIECES	D E S T I N A T I O N S
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11:01:30

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PAGE   5

ST FRANCIS HOSPITAL

HC=F REGION=FS

<<< PA ARCHIVE ADHOCS >>>

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M O N T H L Y R E P O R T L I S T

PAGE 6

ST FRANCIS HOSPITAL

HC=F REGION=FS

<<< PA ARCHIVE ADHOC >>>

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USER CHECK	REPORT NAME	SEQ NBR	RUN DATE	RUN TIME	ROI	PAGES	FICHE COPIES	FICHE PIECES	D E S T I N A T I O N S
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M O N T H L Y   R E P O R T   L I S T

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ST FRANCIS HOSPITAL

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<<< PA   ARCHIVE   ADHOCs   >>>

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08/21/13  
11:01:30

MONTHLY REPORT LIST

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ST FRANCIS HOSPITAL

HC=F REGION=FS

<<< PA ARCHIVE ADHOC >>>

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TOTAL 166

ST FRANCIS HOSPITAL  
241 NORTH ROAD  
POUGHKEEPSIE, NY 12601  
SIEMENS PRINTSTATION MAINTENANCE FOR THE PERIOD: 07/01/13 - 07/31/13

SMS PRINTSTATION MAINTENANCE DETAIL  
CODE/REG: FFS

DATE: AUGUST 31, 2013  
PAGE: 1

CUSTOMER NUMBER: 324285

QUANTITY	MODEL	DESCRIPTION	FUNCTION	MONTHLY RATE	AMOUNT
1	6400-15	IBM 6415 Lineprinter			164.00
1	6400-15	IBM 6415 Lineprinter			164.00
SUB-TOTAL:					\$328.00
TOTAL:					\$328.00

164  
164

HDX DETAIL BACKUP

PAGE: 1  
C/A: Z

ST FRANCIS HOSPITAL  
241 NORTH ROAD  
POUGHKEEPSIE , NY 12601

REG/CODE: FFS

CUSTOMER NUMBER: 324285

08/21/2013

===== H D X T R A N S A C T I O N D E T A I L =====

APPLICATION: ELECT. REMIT

TRANSACTION ID: XRANY131

DATE	TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
07/01/13	REMITTANCE BILLING - NEW YORK MEDICAID	100	
07/03/13	REMITTANCE BILLING - NEW YORK MEDICAID	631	
07/03/13	REMITTANCE BILLING - NEW YORK MEDICAID	6	
07/08/13	REMITTANCE BILLING - NEW YORK MEDICAID	531	
07/10/13	REMITTANCE BILLING - NEW YORK MEDICAID	785	
07/10/13	REMITTANCE BILLING - NEW YORK MEDICAID	14	
07/15/13	REMITTANCE BILLING - NEW YORK MEDICAID	84	
07/18/13	REMITTANCE BILLING - NEW YORK MEDICAID	845	
07/18/13	REMITTANCE BILLING - NEW YORK MEDICAID	7	
07/22/13	REMITTANCE BILLING - NEW YORK MEDICAID	140	
07/24/13	REMITTANCE BILLING - NEW YORK MEDICAID	716	
07/24/13	REMITTANCE BILLING - NEW YORK MEDICAID	4	
07/29/13	REMITTANCE BILLING - NEW YORK MEDICAID	222	
07/31/13	REMITTANCE BILLING - NEW YORK MEDICAID	814	
07/31/13	REMITTANCE BILLING - NEW YORK MEDICAID	7	

TRANSACTION ID: XRANY131

TRANS QUANTITY: 4906

TRANSACTION ID: XRANY161

DATE	TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
07/01/13	REMITTANCE-MVP IN NEW YORK	74	
07/03/13	REMITTANCE-MVP IN NEW YORK	63	
07/05/13	REMITTANCE-MVP IN NEW YORK	111	
07/08/13	REMITTANCE-MVP IN NEW YORK	35	
07/10/13	REMITTANCE-MVP IN NEW YORK	87	
07/12/13	REMITTANCE-MVP IN NEW YORK	149	
07/15/13	REMITTANCE-MVP IN NEW YORK	95	
07/18/13	REMITTANCE-MVP IN NEW YORK	66	
07/19/13	REMITTANCE-MVP IN NEW YORK	68	
07/22/13	REMITTANCE-MVP IN NEW YORK	97	
07/24/13	REMITTANCE-MVP IN NEW YORK	73	
07/26/13	REMITTANCE-MVP IN NEW YORK	113	
07/29/13	REMITTANCE-MVP IN NEW YORK	56	

HDX DETAIL BACKUP

PAGE: 2  
C/A: Z

ST FRANCIS HOSPITAL  
241 NORTH ROAD  
POUGHKEEPSIE, NY 12601

REG/CODE: FFS  
CUSTOMER NUMBER: 324285

08/21/2013

===== H D X T R A N S A C T I O N D E T A I L =====

07/31/13 REMITTANCE-MVP IN NEW YORK 36  
=====

TRANSACTION ID: XRANY161 TRANS QUANTITY: 1123

TRANSACTION DATE	ID: XRAZZ011 TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
07/08/13	ERS MEDICARE	11	
07/08/13	ERS MEDICARE	1	
07/15/13	ERS MEDICARE	7	
07/18/13	ERS MEDICARE	20	
07/19/13	ERS MEDICARE	1	
07/22/13	ERS MEDICARE	7	
07/24/13	ERS MEDICARE	6	
07/25/13	ERS MEDICARE	4	
07/26/13	ERS MEDICARE	8	
07/29/13	ERS MEDICARE	3	
07/30/13	ERS MEDICARE	1	
07/31/13	ERS MEDICARE	1	

TRANSACTION ID: XRAZZ011 TRANS QUANTITY: 70

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APPL TOTAL: 6099

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GRAND TOTAL: 6099

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# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

AUGUST 21, 2013 PAGE 1  
CUSTOMER: 324285 MKT REGION: XX INVOICE NUMBER: SS324283080  
ST. FRANCIS HOSPITAL  
35 NORTH ROAD  
POUGHKEEPSIE NY 12601  
ATTENTION: CONTROLLER  
FOR SUPPORT RENDERED: JULY, 2013

SMS REF CODE	DESCRIPTION						
REPORTED DATE TIME	CLOSED DATE TIME	CUST REF	TYPE	HOURS	ADJ IND	RATE/HR	AMOUNT
6679815	NAME: PATRICIA UTTER	SUPPL SUPPORT APPROVED BY PATRICA UTTER					
SCCS	Please demand adhoc	*\$PXSEAR using all libraries (YYYYY)					
06/11 10:43	07/22 16:39	NOT GIVEN	SW	1.0		190.00	\$190.00
							----- \$190.00 =====

THIS INVOICE DUE IN FULL BY 09/20/13

PLEASE REMIT TO:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank  
PO Box 120001 Dept 0733  
Dallas TX 75312-0733

OWTY (OUT OF WARRANTY) CAUSE CODE IS INVOICED AT TWO TIMES THE SUPPLEMENTAL SUPPORT RATE.

# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

CUSTOMER: 324285 MKT REGION: XX INVOICE NUMBER: SS324283080 AUGUST 21, 2013 PAGE 2  
ST. FRANCIS HOSPITAL

SMS REF  
CODE

## D E S C R I P T I O N

REPORTED DATE TIME	CLOSED DATE TIME	CUST REF	TYPE	HOURS	ADJ IND	RATE/HR	AMOUNT
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# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

ST. FRANCIS HOSPITAL & HEALTH  
241 NORTH ROAD  
POUGHKEEPSIE NY 12601

ATTENTION: ACCOUNTS PAYABLE

GO GREEN! SWITCH TO PAPERLESS INVOICES WITH EINVOICING - SPREADSHEET FUNCTIONALITY AVAILABLE! GO TO  
[HTTP://WWW.SMED.COM/CUSTOMERS/REGISTER.ASP](http://www.smmed.com/customers/register.asp) AND FOLLOW THE REGISTRATION PROCESS. IF YOUR ORGANIZATION IS  
REGISTERED, YOUR WEBSITE ADMINISTRATOR CAN GRANT YOU ACCESS. SIGN UP FOR CURRENT MONTH EMAIL NOTIFICATIONS!

# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

324285 FFS REMITTANCE PAGE SEPTEMBER 25, 2013 PAGE 1

ST. FRANCIS HOSPITAL & HEALTH  
241 NORTH ROAD  
POUGHKEEPSIE NY 12601

ATTENTION: ACCOUNTS PAYABLE

INVOICE SUMMARY FOR: SEPTEMBER, 2013

INVOICE TYPE	INVOICE NUMBER	INVOICE AMOUNT	AMOUNT PAID
RECURRING INVOICE	0000210549	49,467.65	_____
UTILIZATION INVOICE	0000210535	6,142.04	_____
TOTAL		\$55,609.69	_____

Siemens Health Services preferred methods of payment are ACH, EFT and wire transfers.  
To set up electronic payments email: [custacct.healthcare@siemens.com](mailto:custacct.healthcare@siemens.com)

Please Remit To:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank  
PO Box 120001 Dept 0733  
Dallas TX 75312-0733  
United States

Please use the following address for overnight/express mail checks:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank Lockbox - Dept 890733  
1501 North Plano Road Suite 100  
Richardson, TX 75081

BILLING INQUIRIES: Heather Moore (610)448-3368, [heather.moore@siemens.com](mailto:heather.moore@siemens.com)

THE CUSTOMER IS HEREBY INFORMED THAT SECTION 1128B(B) OF THE SOCIAL SECURITY ACT REQUIRES THAT DISCOUNTS AND OTHER REDUCTIONS IN PRICE OR THE EXISTENCE OF DISCOUNT PROGRAMS BE PROPERLY DISCLOSED AND REFLECTED IN THE COSTS CLAIMED OR CHARGES MADE BY A PROVIDER UNDER MEDICARE OR A STATE HEALTH PROGRAM.

NOTICE: COMPLIANCE WITH LEGAL AND INTERNAL REGULATIONS IS AN INTEGRAL PART OF ALL BUSINESS PROCESSES AT SIEMENS. POSSIBLE INFRINGEMENTS CAN BE REPORTED TO OUR HELPDESK "TELL US" AT [WWW.SIEMENS.COM/TELL-US](http://WWW.SIEMENS.COM/TELL-US).

# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

324285 FFS INVOICE SUMMARY SEPTEMBER 25, 2013 PAGE 1

ST. FRANCIS HOSPITAL & HEALTH  
241 NORTH ROAD  
POUGHKEEPSIE NY 12601

ATTENTION: ACCOUNTS PAYABLE

INVOICE SUMMARY FOR: SEPTEMBER, 2013

RECURRING INVOICE	0000210549	49,467.65
UTILIZATION INVOICE	0000210535	6,142.04

Siemens Health Services preferred methods of payment are ACH, EFT and wire transfers.  
To set up electronic payments email: [custacct.healthcare@siemens.com](mailto:custacct.healthcare@siemens.com)

Please Remit To:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank  
PO Box 120001 Dept 0733  
Dallas TX 75312-0733  
United States

Please use the following address for overnight/express mail checks:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank Lockbox - Dept 890733  
1501 North Plano Road Suite 100  
Richardson, TX 75081

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BILLING INQUIRIES: Heather Moore (610)448-3368, [heather.moore@siemens.com](mailto:heather.moore@siemens.com)

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# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

## Recurring Invoice

Bill To:  
ST FRANCIS HOSPITAL  
Betty Halstead  
35 NORTH ROAD  
POUGHKEEPSIE NY 12601  
United States

Page: 1  
Invoice Number: 0000210549  
Invoice Date: 09/25/2013  
Customer No. 324285  
Due Date 10/25/2013

Line	Fee Description	Invoice Amt	Invoice Subtotals	Tax
------	-----------------	-------------	-------------------	-----

Customer Reference ID: N/A

### RECURRING FEES

1	Invision Applications Notes: Contract Date: 3/30/2012 Monthly RCO processing and Extended Support Fee Siemens ID: CON10006334-B103	29,259.97		
2	Monthly Managed Service Fees Notes: Contract Date: 3/30/2012 Help desk fees 6/1/2012 - 5/31/2013 Siemens ID: CON10006334-B105	9,799.68		
3	Monthly Managed Service Fees Notes: Contract Date: 3/30/2012 Monthly ESM Fee 6/1/2012 - 5/31/2013 Siemens ID: CON10006334-B106	4,533.00		
SUBTOTAL FOR RECURRING FEES			43,592.65	

### NETWORKING FEES

4	Wan Fee Notes: Contract Date: 3/30/2012 Site Type 3A (384k with MIS Backup) Siemens ID: CON10006334-B107	5,875.00		
SUBTOTAL FOR NETWORKING FEES			5,875.00	

# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

## Recurring Invoice

Bill To:  
ST FRANCIS HOSPITAL  
Betty Halstead  
35 NORTH ROAD  
POUGHKEEPSIE NY 12601  
United States

Page: 2  
Invoice Number: 0000210549  
Invoice Date: 09/25/2013  
Customer No. 324285  
Due Date 10/25/2013

Invoice Amount \$ 49,467.65

Please Remit To:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank  
PO Box 120001 Dept 0733  
Dallas TX 75312-0733  
United States

Please use the following address for overnight/express mail checks:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank Lockbox - Dept 890733  
1501 North Plano Road Suite 100  
Richardson, TX 75081

Billing inquiries: Heather Moore 610/448-3368, heather.moore@siemens.com

The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or the existence of discount programs be properly disclosed and reflected in the costs claimed or charges made by a provider under Medicare or a State Health Program.

Notice: Compliance with legal and internal regulations is an integral part of all business processes at Siemens. Possible infringements can be reported to our HelpDesk "Tell us" at [www.siemens.com/tell-us](http://www.siemens.com/tell-us).

Line	Fee Description	Invoice Amt	Invoice Subtotals	Tax
	Pretax Invoice Amount		49,467.65	
	TOTAL AMOUNT DUE :		\$ 49,467.65	

# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

## Utilization Invoice

Bill To:  
ST FRANCIS HOSPITAL  
Betty Halstead  
35 NORTH ROAD  
POUGHKEEPSIE NY 12601  
United States

Page: 1  
Invoice Number: 0000210535  
Invoice Date: 09/25/2013  
For Services Rendered: 08/2013  
Customer No.: 324285  
Due Date: 10/25/2013

Line	Fee Description	Qty	UOM	Rate	Invoice Amt	Invoice Subtotals	Tax
Customer Reference ID: N/A							
TRANSACTION FEES							
1	HDX Electronic Remittance Siemens ID: CNV324285-00-B123-AB368	12,208	EA	0.380	4,639.04		
SUBTOTAL FOR TRANSACTION FEES						4,639.04	
FORMS AND MEDIA FEES							
2	Direct Line Services See Attached Schedule Siemens ID: CNV324285-00-B101-BL012				1,175.00		
SUBTOTAL FOR FORMS AND MEDIA FEES						1,175.00	
EQUIPMENT MAINTENANCE FEES							
3	Printer Maintenance See Attached Schedule Siemens ID: CNV324285-00-B114-FW001				328.00		
SUBTOTAL FOR EQUIPMENT MAINTENANCE FEES						328.00	



# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

## Utilization Invoice

Bill To:  
ST FRANCIS HOSPITAL  
Betty Halstead  
35 NORTH ROAD  
POUGHKEEPSIE NY 12601  
United States

Page: 2  
Invoice Number: 0000210535  
Invoice Date: 09/25/2013  
For Services Rendered: 08/2013  
Customer No. 324285  
Due Date 10/25/2013

Invoice Amount \$ 6,142.04

Please Remit To:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank  
PO Box 120001 Dept 0733  
Dallas TX 75312-0733  
United States

Please use the following address for overnight/express mail checks:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank Lockbox - Dept 890733  
1501 North Plano Road Suite 100  
Richardson, TX 75081

Billing inquiries: Heather Moore 610/448-3368, [heather.moore@siemens.com](mailto:heather.moore@siemens.com)

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Line	Fee Description	Qty	UOM	Rate	Invoice Amt	Invoice Subtotals	Tax
	Pretax Invoice Amount					6,142.04	
	TOTAL AMOUNT DUE :				\$	6,142.04	

DIRECT LINE SERVICES SUMMARY

ST FRANCIS HOSPITAL  
241 NORTH ROAD  
POUGHKEEPSIE  
TYPE: MASTER FILE

REG/CODE: FFS

SEPTEMBER 25, 2013

NY 12601

CUSTOMER NUMBER: 32428-5

PAGE 1

DATE	TIME	DESCRIPTION	NUMBER REELS	TAPE NUMBER	TAPE CHARGE	SHIPPING CHARGE
08/05/13	2:54:80	MONTHLY TCC AND REVGRO PROCESS		FE6434	400.00	0.00
08/05/13	2:58:99	DAILY MHH FILE VIA FTP		FE6524	175.00	0.00
08/19/13	4:02:80	CBHV REV TCC SVC FEE		FM1349	600.00	0.00
					-----	-----
			GRAND TOTAL		\$1175.00	\$0.00
					=====	=====

ADHRPT  
09/30/13  
11:41:37

MONTHLY REPORT LIST

PAGE 1

ST FRANCIS HOSPITAL

HC=F REGION=FS

<<< PA ARCHIVE ADHOC >>>

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USER CHECK	REPORT NAME	SEQ NBR	RUN DATE	RUN TIME	ROI	PAGES	FICHE COPIES	FICHE PIECES	DESTINATIONS
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.....	*\$PXRPT6	001	08/01/13	16:43	2600	389	0	0	R001F0FS
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ADHRPT  
09/30/13  
11:41:37

M O N T H L Y   R E P O R T   L I S T

PAGE   2

ST FRANCIS HOSPITAL

HC=F REGION=FS

<<< PA   ARCHIVE   ADHOCs   >>>

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ADHRPT  
09/30/13  
11:41:37

MONTHLY REPORT LIST

PAGE 3

ST FRANCIS HOSPITAL

HC=F REGION=FS

<<< PA ARCHIVE ADHOC >>>

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ADHRPT  
09/30/13  
11:41:37

MONTHLY REPORT LIST

PAGE 4

ST FRANCIS HOSPITAL

HC=F REGION=FS

<<< PA ARCHIVE ADHOC >>>

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.....	*\$PXRPT5	001	08/29/13	16:25	2600	19	0	0	R001F0FS
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TOTAL 84

-  
ST FRANCIS HOSPITAL  
241 NORTH ROAD  
POUGHKEEPSIE, NY 12601  
SIEMENS PRINTSTATION MAINTENANCE FOR THE PERIOD: 07/01/13 - 07/31/13

SMS PRINTSTATION MAINTENANCE DETAIL  
CODE/REG: FFS  
CUSTOMER NUMBER: 324285

DATE: SEPTEMBER 25, 2013  
PAGE: 1

QUANTITY	MODEL	DESCRIPTION	FUNCTION	MONTHLY RATE	AMOUNT	
-----	-----	-----	-----	-----	-----	
1	6400-15	IBM 6415 Lineprinter			164.00	164
1	6400-15	IBM 6415 Lineprinter			164.00	164
				SUB-TOTAL:	\$328.00	
				TOTAL:	\$328.00	

HDX DETAIL BACKUP

PAGE: 1  
C/A: Z

ST FRANCIS HOSPITAL  
241 NORTH ROAD  
POUGHKEEPSIE , NY 12601

REG/CODE: FFS  
CUSTOMER NUMBER: 324285

09/25/2013

===== H D X T R A N S A C T I O N D E T A I L =====

APPLICATION: ELECT. REMIT

TRANSACTION ID: XRANY131

DATE	TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
08/05/13	REMITTANCE BILLING - NEW YORK MEDICAID	270	
08/07/13	REMITTANCE BILLING - NEW YORK MEDICAID	603	
08/07/13	REMITTANCE BILLING - NEW YORK MEDICAID	8	
08/12/13	REMITTANCE BILLING - NEW YORK MEDICAID	159	
08/14/13	REMITTANCE BILLING - NEW YORK MEDICAID	545	
08/14/13	REMITTANCE BILLING - NEW YORK MEDICAID	10	
08/20/13	REMITTANCE BILLING - NEW YORK MEDICAID	176	
08/21/13	REMITTANCE BILLING - NEW YORK MEDICAID	8106	
08/21/13	REMITTANCE BILLING - NEW YORK MEDICAID	15	
08/26/13	REMITTANCE BILLING - NEW YORK MEDICAID	2	
08/26/13	REMITTANCE BILLING - NEW YORK MEDICAID	202	
08/28/13	REMITTANCE BILLING - NEW YORK MEDICAID	795	
08/28/13	REMITTANCE BILLING - NEW YORK MEDICAID	12	

TRANSACTION ID: XRANY131 TRANS QUANTITY: 10903

TRANSACTION ID: XRANY161

DATE	TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
08/02/13	REMITTANCE-MVP IN NEW YORK	143	
08/07/13	REMITTANCE-MVP IN NEW YORK	47	
08/08/13	REMITTANCE-MVP IN NEW YORK	66	
08/09/13	REMITTANCE-MVP IN NEW YORK	86	
08/12/13	REMITTANCE-MVP IN NEW YORK	202	
08/14/13	REMITTANCE-MVP IN NEW YORK	82	
08/16/13	REMITTANCE-MVP IN NEW YORK	81	
08/19/13	REMITTANCE-MVP IN NEW YORK	114	
08/21/13	REMITTANCE-MVP IN NEW YORK	103	
08/23/13	REMITTANCE-MVP IN NEW YORK	82	
08/26/13	REMITTANCE-MVP IN NEW YORK	59	
08/28/13	REMITTANCE-MVP IN NEW YORK	115	
08/30/13	REMITTANCE-MVP IN NEW YORK	91	

TRANSACTION ID: XRANY161 TRANS QUANTITY: 1271

TRANSACTION ID: XRAZZ011

DATE	TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
08/01/13	ERS MEDICARE	7	



HDX DETAIL BACKUP

PAGE: 2  
C/A: Z

ST FRANCIS HOSPITAL  
241 NORTH ROAD  
POUGHKEEPSIE , NY 12601

REG/CODE: FFS

CUSTOMER NUMBER: 324285

09/25/2013

===== H D X T R A N S A C T I O N D E T A I L =====

08/05/13	ERS MEDICARE	5
08/06/13	ERS MEDICARE	9
08/06/13	ERS MEDICARE	1
08/08/13	ERS MEDICARE	1
08/12/13	ERS MEDICARE	2
08/14/13	ERS MEDICARE	1
08/15/13	ERS MEDICARE	1
08/20/13	ERS MEDICARE	1
08/23/13	ERS MEDICARE	2
08/28/13	ERS MEDICARE	2
08/29/13	ERS MEDICARE	2

TRANSACTION ID: XRAZZ011

TRANS QUANTITY: 34

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APPL TOTAL:	12208
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GRAND TOTAL:	12208
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# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

ST. FRANCIS HOSPITAL & HEALTH  
241 NORTH ROAD  
POUGHKEEPSIE NY 12601

ATTENTION: ACCOUNTS PAYABLE

GO GREEN! SWITCH TO PAPERLESS INVOICES WITH EINVOICING - SPREADSHEET FUNCTIONALITY AVAILABLE! GO TO  
[HTTP://WWW.SMED.COM/CUSTOMERS/REGISTER.ASP](http://www.smmed.com/customers/register.asp) AND FOLLOW THE REGISTRATION PROCESS. IF YOUR ORGANIZATION IS  
REGISTERED, YOUR WEBSITE ADMINISTRATOR CAN GRANT YOU ACCESS. SIGN UP FOR CURRENT MONTH EMAIL NOTIFICATIONS!

# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

324285 FFS REMITTANCE PAGE NOVEMBER 20, 2013 PAGE 1

ST. FRANCIS HOSPITAL & HEALTH  
241 NORTH ROAD  
POUGHKEEPSIE NY 12601

ATTENTION: ACCOUNTS PAYABLE

INVOICE SUMMARY FOR: NOVEMBER, 2013

INVOICE TYPE	INVOICE NUMBER	INVOICE AMOUNT	AMOUNT PAID
RECURRING INVOICE	0000212757	49,367.48	_____
UTILIZATION INVOICE	0000212768	3,499.14	_____
TOTAL		\$52,866.62	_____

Siemens Health Services preferred methods of payment are ACH, EFT and wire transfers.  
To set up electronic payments email: [custacct.healthcare@siemens.com](mailto:custacct.healthcare@siemens.com)

Please Remit To:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank  
PO Box 120001 Dept 0733  
Dallas TX 75312-0733  
United States

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Siemens Medical Solutions USA Inc.  
c/o Mellon Bank Lockbox - Dept 890733  
1501 North Plano Road Suite 100  
Richardson, TX 75081

BILLING INQUIRIES: Heather Moore (610)448-3368, [heather.moore@siemens.com](mailto:heather.moore@siemens.com)

THE CUSTOMER IS HEREBY INFORMED THAT SECTION 1128B(B) OF THE SOCIAL SECURITY ACT REQUIRES THAT DISCOUNTS AND OTHER REDUCTIONS IN PRICE OR THE EXISTENCE OF DISCOUNT PROGRAMS BE PROPERLY DISCLOSED AND REFLECTED IN THE COSTS CLAIMED OR CHARGES MADE BY A PROVIDER UNDER MEDICARE OR A STATE HEALTH PROGRAM.

NOTICE: COMPLIANCE WITH LEGAL AND INTERNAL REGULATIONS IS AN INTEGRAL PART OF ALL BUSINESS PROCESSES AT SIEMENS. POSSIBLE INFRINGEMENTS CAN BE REPORTED TO OUR HELPDESK "TELL US" AT [WWW.SIEMENS.COM/TELL-US](http://WWW.SIEMENS.COM/TELL-US).

# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

324285 FFS INVOICE SUMMARY NOVEMBER 20, 2013 PAGE 1

ST. FRANCIS HOSPITAL & HEALTH  
241 NORTH ROAD  
POUGHKEEPSIE NY 12601

ATTENTION: ACCOUNTS PAYABLE

INVOICE SUMMARY FOR: NOVEMBER, 2013

RECURRING INVOICE	0000212757	49,367.48
UTILIZATION INVOICE	0000212768	3,499.14

Siemens Health Services preferred methods of payment are ACH, EFT and wire transfers.  
To set up electronic payments email: [custacct.healthcare@siemens.com](mailto:custacct.healthcare@siemens.com)

Please Remit To:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank  
PO Box 120001 Dept 0733  
Dallas TX 75312-0733  
United States

Please use the following address for overnight/express mail checks:  
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1501 North Plano Road Suite 100  
Richardson, TX 75081

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# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

## Recurring Invoice

Bill To:  
ST FRANCIS HOSPITAL  
Betty Halstead  
35 NORTH ROAD  
POUGHKEEPSIE NY 12601  
United States

Page: 1  
Invoice Number: 0000212757  
Invoice Date: 11/20/2013  
Customer No.: 324285  
Due Date: 12/20/2013

Line	Fee Description	Invoice Amt	Invoice Subtotals	Tax
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Customer Reference ID: N/A

### RECURRING FEES

1	Invision Applications Notes: Contract Date 3/30/2012 Monthly RCO Processing and Extended Support Fee Siemens ID: CON10006334-B108	29,059.92		
2	Monthly Managed Service Fees Notes: Contract Date: 3/30/2012 Help desk fees 6/1/2012 - 5/31/2013 Siemens ID: CON10006334-B105	9,799.68		
3	Monthly Managed Service Fees Notes: Contract Date: 3/30/2012 Monthly ESM Fee 6/1/2012 - 5/31/2013 Siemens ID: CON10006334-B106	4,533.00		

SUBTOTAL FOR RECURRING FEES 43,392.60

### NETWORKING FEES

4	Wan Fee Notes: Contract Date: 3/30/2012 Site Type 3A (384k with MIS Backup) Siemens ID: CON10006334-B107	5,974.88		
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SUBTOTAL FOR NETWORKING FEES 5,974.88

# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

## Recurring Invoice

Bill To:  
ST FRANCIS HOSPITAL  
Betty Halstead  
35 NORTH ROAD  
POUGHKEEPSIE NY 12601  
United States

Page: 2  
Invoice Number: 0000212757  
Invoice Date: 11/20/2013  
Customer No: 324285  
Due Date: 12/20/2013

Invoice Amount \$ 49,367.48

Please Remit To:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank  
PO Box 120001 Dept 0733  
Dallas TX 75312-0733  
United States

Please use the following address for overnight/express mail checks:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank Lockbox - Dept 890733  
1501 North Plano Road Suite 100  
Richardson, TX 75081

Billing inquiries: Heather Moore 610/448-3368, heather.moore@siemens.com

The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or the existence of discount programs be properly disclosed and reflected in the costs claimed or charges made by a provider under Medicare or a State Health Program.

Notice: Compliance with legal and internal regulations is an integral part of all business processes at Siemens. Possible infringements can be reported to our HelpDesk "Tell us" at [www.siemens.com/tell-us](http://www.siemens.com/tell-us).

Line	Fee Description	Invoice Amt	Invoice	
			Subtotals	Tax
	Pretax Invoice Amount		49,367.48	
	TOTAL AMOUNT DUE :		\$ 49,367.48	

<b>SUBTOTAL FOR EQUIPMENT MAINTENANCE FEES</b>	<b>328.00</b>
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# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

## Utilization Invoice

Bill To:  
ST FRANCIS HOSPITAL  
Betty Halstead  
35 NORTH ROAD  
POUGHKEEPSIE NY 12601  
United States

Page: 2  
Invoice Number: 0000212768  
Invoice Date: 11/20/2013  
For Services Rendered: 10/2013  
Customer No. 324285  
Due Date 12/20/2013

Invoice Amount \$ 3,499.14

Please Remit To:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank  
PO Box 120001 Dept 0733  
Dallas TX 75312-0733  
United States

Please use the following address for overnight/express mail checks:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank Lockbox - Dept 890733  
1501 North Plano Road Suite 100  
Richardson, TX 75081

Billing inquiries: Heather Moore 610/448-3368, heather.moore@siemens.com

The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or the existence of discount programs be properly disclosed and reflected in the costs claimed or charges made by a provider under Medicare or a State Health Program.

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Line	Fee Description	Qty	UOM	Rate	Invoice Amt	Invoice Subtotals	Tax
	Pretax Invoice Amount					3,499.14	
	TOTAL AMOUNT DUE :					\$ 3,499.14	



ST FRANCIS HOSPITAL 241 NORTH ROAD POUGHKEEPSIE TYPE: MASTER FILE			DIRECT LINE SERVICES SUMMARY REG/CODE: FFS		NOVEMBER 20, 2013	
			NY 12601	CUSTOMER NUMBER: 32428-5	PAGE 1	
DATE	TIME	DESCRIPTION	NUMBER REELS	TAPE NUMBER	TAPE CHARGE	SHIPPING CHARGE
10/05/13	2:61:68	DAILY MHH FILE VIA FTP		FE6870	175.00	0.00
10/05/13	2:55:86	MONTHLY TCC AND REVGRO PROCESS		FE6780	400.00	0.00
10/15/13	7:20:24	CBHV REV TCC SVC FEE		FM1355	600.00	0.00
				GRAND TOTAL	\$1175.00	\$0.00
					=====	=====

ADHRPT  
11/20/13  
10:53:32

MONTHLY REPORT LIST

PAGE 1

ST FRANCIS HOSPITAL

HC=F REGION=FS

<<< PA ARCHIVE ADHOC >>>

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.....	*\$PXARWC		10/02/13	16:48	2600	133	0	0	R001F0FS
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.....	*\$PXBAP		10/02/13	16:48	2600	3	0	0	R001F0FS
.....	*\$PXCRT	001	10/02/13	16:48	2600	4	0	0	R001F0FS
.....	*\$PXIA		10/02/13	16:48	2600	21	0	0	R001F0FS
.....	*\$PXIC		10/02/13	16:48	2600	4	0	0	R001F0FS
.....	*\$PXIP		10/02/13	16:48	2600	8	0	0	R001F0FS
.....	*\$PXMCR		10/02/13	16:48	2600	3	0	0	R001F0FS
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.....	*\$PXOC		10/02/13	16:48	2600	5	0	0	R001F0FS
.....	*\$PXRPT3	001	10/02/13	16:48	2600	16	0	0	R001F0FS
.....	*\$PXOP		10/02/13	16:48	2600	38	0	0	R001F0FS
.....	*\$PXREA		10/02/13	16:48	2600	3	0	0	R001F0FS
.....	*\$PXSC6	001	10/02/13	16:48	2600	10	0	0	R001F0FS
.....	*\$PXXFER		10/02/13	16:48	2600	284	0	0	R001F0FS
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ADHRPT  
11/20/13  
10:53:32

M O N T H L Y R E P O R T L I S T

PAGE 2

ST FRANCIS HOSPITAL

HC=F REGION=FS

<<< PA ARCHIVE ADHOCs >>>

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.....	*\$PXOP2	001	10/16/13	16:28	2600	33	0	0	R001F0FS

ADHRPT  
11/20/13  
10:53:32

M O N T H L Y   R E P O R T   L I S T

PAGE   3

ST FRANCIS HOSPITAL

HC=F REGION=FS

<<< PA   ARCHIVE   ADHOCS   >>>

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USER CHECK	REPORT NAME	SEQ NBR	RUN DATE	RUN TIME	ROI	PAGES	FICHE COPIES	FICHE PIECES	D E S T I N A T I O N S -----
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.....	*\$PXNORP	001	10/21/13	16:34	2600	9	0	0	R001F0FS
.....	*\$PXNORP	001	10/28/13	16:24	2600	9	0	0	R001F0FS
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TOTAL	46								

ST FRANCIS HOSPITAL  
241 NORTH ROAD  
POUGHKEEPSIE, NY 12601  
SIEMENS PRINTSTATION MAINTENANCE FOR THE PERIOD: 09/01/13 - 09/30/13

SMS PRINTSTATION MAINTENANCE DETAIL  
CODE/REG: FFS

DATE: NOVEMBER 20, 2013  
PAGE: 1

CUSTOMER NUMBER: 324285

QUANTITY	MODEL	DESCRIPTION	FUNCTION	MONTHLY RATE	AMOUNT
1	6400-15	IBM 6415 Lineprinter			164.00
1	6400-15	IBM 6415 Lineprinter			164.00
SUB-TOTAL:					\$328.00
TOTAL:					\$328.00

164  
164

HDX DETAIL BACKUP

PAGE: 1  
C/A: Z

ST FRANCIS HOSPITAL  
241 NORTH ROAD  
POUGHKEEPSIE , NY 12601

REG/CODE: FFS  
CUSTOMER NUMBER: 324285

11/20/2013

===== H D X T R A N S A C T I O N D E T A I L =====

APPLICATION: ELECT. REMIT

TRANSACTION ID: XRANY131			
DATE	TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
-----	-----	-----	-----
10/02/13	REMITTANCE BILLING - NEW YORK MEDICAID	717	
10/02/13	REMITTANCE BILLING - NEW YORK MEDICAID	16	
10/07/13	REMITTANCE BILLING - NEW YORK MEDICAID	196	
10/09/13	REMITTANCE BILLING - NEW YORK MEDICAID	708	
10/09/13	REMITTANCE BILLING - NEW YORK MEDICAID	9	
10/14/13	REMITTANCE BILLING - NEW YORK MEDICAID	89	
10/14/13	REMITTANCE BILLING - NEW YORK MEDICAID	1	
10/16/13	REMITTANCE BILLING - NEW YORK MEDICAID	8	
10/16/13	REMITTANCE BILLING - NEW YORK MEDICAID	814	
10/21/13	REMITTANCE BILLING - NEW YORK MEDICAID	84	
10/23/13	REMITTANCE BILLING - NEW YORK MEDICAID	6	
10/23/13	REMITTANCE BILLING - NEW YORK MEDICAID	602	
10/28/13	REMITTANCE BILLING - NEW YORK MEDICAID	158	
10/30/13	REMITTANCE BILLING - NEW YORK MEDICAID	723	
10/30/13	REMITTANCE BILLING - NEW YORK MEDICAID	6	
		=====	
	TRANSACTION ID: XRANY131	TRANS QUANTITY:	4137

TRANSACTION ID: XRANY161			
DATE	TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
-----	-----	-----	-----
10/02/13	REMITTANCE-MVP IN NEW YORK	79	
10/04/13	REMITTANCE-MVP IN NEW YORK	92	
10/07/13	REMITTANCE-MVP IN NEW YORK	132	
10/09/13	REMITTANCE-MVP IN NEW YORK	82	
10/11/13	REMITTANCE-MVP IN NEW YORK	78	
10/14/13	REMITTANCE-MVP IN NEW YORK	80	
10/16/13	REMITTANCE-MVP IN NEW YORK	107	
10/24/13	REMITTANCE-MVP IN NEW YORK	228	
10/25/13	REMITTANCE-MVP IN NEW YORK	87	
10/28/13	REMITTANCE-MVP IN NEW YORK	79	
10/30/13	REMITTANCE-MVP IN NEW YORK	65	
		=====	
	TRANSACTION ID: XRANY161	TRANS QUANTITY:	1109

TRANSACTION ID: XRAZZ011			
DATE	TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
-----	-----	-----	-----
10/07/13	ERS MEDICARE	1	

HDX DETAIL BACKUP

PAGE: 2  
C/A: Z

ST FRANCIS HOSPITAL  
241 NORTH ROAD  
POUGHKEEPSIE , NY 12601

REG/CODE: FFS

CUSTOMER NUMBER: 324285

11/20/2013

===== H D X T R A N S A C T I O N D E T A I L =====

10/08/13	ERS MEDICARE	1
10/10/13	ERS MEDICARE	1
10/11/13	ERS MEDICARE	1
10/16/13	ERS MEDICARE	2
10/22/13	ERS MEDICARE	1
		=====
TRANSACTION ID: XRAZZ011		TRANS QUANTITY: 7

=====

APPL TOTAL:	5253
=====	
GRAND TOTAL:	5253
=====	

**SIEMENS**Health Services Invoices Pg 112 of 126 **INVOICE**

Siemens Medical Solutions USA, Inc.

51 Valley Stream Parkway, Malvern PA 19355

INVOICE NUMBER	139011864
INVOICE DATE	11/27/2013
CUSTOMER NO.	10182
OUR REFERENCE NO.	120005433
DISTRICT	12

**INVOICE ENCLOSED****BILL TO:**

2

ST FRANCIS HOSPITAL  
ATTN ACCTS PAYABLE  
241 NORTH RD  
POUGHKEEPSIE NY 12601

**SHIP TO:**

ST FRANCIS HOSPITAL  
ATTN ACCTS PAYABLE  
241 NORTH RD  
POUGHKEEPSIE NY 12601

**IKM Contract Information**

PAGE 1 of 2

PO Number :	1304111011	Date:	04/11/2013
Amendment Number:	N.A	Date:	
Contract Signed By:	Jeanie Adams	Date:	04/11/2013

**INVOICE**

ITEM	QTY	UNIT	DESCRIPTION	CONTRACT VALUE	AMOUNT DUE
0010	1.00	Pcs	<p><b>Project Id: IKM-01-001020</b> Description: St. Francis Hospital PSR</p> <p><b>PSR 130411101101 Lanier wt Pwscr (T&amp;M)</b> <b>Milestone: Completion</b> <b>Milestone percentage Rate: 100.00 %</b> IKM-01-001020-06 - Project Mgmt Hours FF</p> <p><b>SUBTOTAL</b> TAX <b>INVOICE TOTAL</b></p> <p>Replace Lanier with PowerScribe</p> <p>The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or existence of discount programs be properly disclosed and reflected in the costs claimed or charges made by a provider under Medicare or a State Health Program.</p> <p>PLEASE DIRECT ANY INQUIRIES REGARDING THIS BILLING TO: Siemens Medical Solutions USA, Inc. 1-800-888-SIEM (or 7436)</p>	16,416.00	16,416.00

TERMS OF PAYMENT

Net 30 Days

**PLEASE REMIT TO:****Siemens Medical Solutions USA, Inc., PO Box 120001 - Dept. 0733, DALLAS, TX 75312-0733**

PAST DUE INVOICES ARE SUBJECT TO A SERVICE CHARGE OF 1 1/2% PER MONTH, NOT TO EXCEED THE MAXIMUM RATE ALLOWED BY LAW. GOODS SENT PURSUANT TO THIS INVOICE HAVE BEEN CAREFULLY CHECKED AND SAFELY PACKED. NO RETURN OF MECHANISE WILL BE ACCEPTED UNLESS PREVIOUSLY APPROVED BY SIEMENS MEDICAL SOLUTIONS USA, INC. EQUIPMENT ORDERED IN COLORS OTHER THAN STANDARD COLORS CANNOT BE CHANGED WITHOUT PRIOR WRITTEN CONSENT OF SIEMENS MEDICAL SOLUTIONS USA, INC. ALL MERCHANDISE REMAINS THE PROPERTY OF SIEMENS MEDICAL SOLUTIONS USA, INC. UNTIL PAID FOR IN FULL. CLAIMS MUST BE MADE WITHIN SEVEN (7) DAYS AFTER RECEIPT OF SHIPMENT. ALL SALES SUBJECT TO SIEMENS MEDICAL SOLUTIONS USA, INC. TERMS AND CONDITIONS OF SALE AS SET FORTH ON THE FACE AND BACK HEREOF.



**SIEMENS**Health Services Invoices Pg 113 of 126 **INVOICE**

Siemens Medical Solutions USA, Inc.  
51 Valley Stream Parkway, Malvern PA 19355

INVOICE NUMBER	139011864
INVOICE DATE	11/27/2013
CUSTOMER NO.	10182
OUR REFERENCE NO.	120005433
DISTRICT	12

**BILL TO:**

ST FRANCIS HOSPITAL  
ATTN ACCTS PAYABLE  
241 NORTH RD  
POUGHKEEPSIE NY 12601

**SHIP TO:**

ST FRANCIS HOSPITAL  
ATTN ACCTS PAYABLE  
241 NORTH RD  
POUGHKEEPSIE NY 12601

PAGE 2 of 2

**IKM Contract Information**

PO Number :	1304111011	Date:	04/11/2013
Amendment Number:	N.A	Date:	
Contract Signed By:	Jeanie Adams	Date:	04/11/2013

**INVOICE**

ITEM	QTY	UNIT	DESCRIPTION	CONTRACT VALUE	AMOUNT DUE
			ATTN: IKM Project Office helpikminvoice.healthcare@siemens.com 110 MacAlyson Ct Cary, NC 27511-6495 TEL. 800-888-SIEM		

TERMS OF PAYMENT

Net 30 Days

**PLEASE REMIT TO:**

**Siemens Medical Solutions USA, Inc., PO Box 120001 - Dept. 0733, DALLAS, TX 75312-0733**

PAST DUE INVOICES ARE SUBJECT TO A SERVICE CHARGE OF 1 1/2% PER MONTH, NOT TO EXCEED THE MAXIMUM RATE ALLOWED BY LAW. GOODS SENT PURSUANT TO THIS INVOICE HAVE BEEN CAREFULLY CHECKED AND SAFELY PACKED. NO RETURN OF MECHANDISE WILL BE ACCEPTED UNLESS PREVIOUSLY APPROVED BY SIEMENS MEDICAL SOLUTIONS USA, INC. EQUIPMENT ORDERED IN COLORS OTHER THAN STANDARD COLORS CANNOT BE CHANGED WITHOUT PRIOR WRITTEN CONSENT OF SIEMENS MEDICAL SOLUTIONS USA, INC. ALL MERCHANDISE REMAINS THE PROPERTY OF SIEMENS MEDICAL SOLUTIONS USA, INC. UNTIL PAID FOR IN FULL. CLAIMS MUST BE MADE WITHIN SEVEN (7) DAYS AFTER RECEIPT OF SHIPMENT. ALL SALES SUBJECT TO SIEMENS MEDICAL SOLUTIONS USA, INC. TERMS AND CONDITIONS OF SALE AS SET FORTH ON THE FACE AND BACK HEREOF.

# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

ST. FRANCIS HOSPITAL & HEALTH  
241 NORTH ROAD  
POUGHKEEPSIE NY 12601

ATTENTION: ACCOUNTS PAYABLE

GO GREEN! SWITCH TO PAPERLESS INVOICES WITH EINVOICING - SPREADSHEET FUNCTIONALITY AVAILABLE! GO TO  
[HTTP://WWW.SMED.COM/CUSTOMERS/REGISTER.ASP](http://www.smmed.com/customers/register.asp) AND FOLLOW THE REGISTRATION PROCESS. IF YOUR ORGANIZATION IS  
REGISTERED, YOUR WEBSITE ADMINISTRATOR CAN GRANT YOU ACCESS. SIGN UP FOR CURRENT MONTH EMAIL NOTIFICATIONS!

# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

324285 FFS REMITTANCE PAGE DECEMBER 23, 2013 PAGE 1

ST. FRANCIS HOSPITAL & HEALTH  
241 NORTH ROAD  
POUGHKEEPSIE NY 12601

ATTENTION: ACCOUNTS PAYABLE

INVOICE SUMMARY FOR: DECEMBER, 2013

INVOICE TYPE	INVOICE NUMBER	INVOICE AMOUNT	AMOUNT PAID
-----	-----	-----	-----
RECURRING INVOICE	0000214072	48,308.40	_____
UTILIZATION INVOICE	0000214074	3,588.44	_____
		-----	
	TOTAL	\$51,896.84	
		=====	

Siemens Health Services preferred methods of payment are ACH, EFT and wire transfers.  
To set up electronic payments email: [custacct.healthcare@siemens.com](mailto:custacct.healthcare@siemens.com)

Please Remit To:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank  
PO Box 120001 Dept 0733  
Dallas TX 75312-0733  
United States

Please use the following address for overnight/express mail checks:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank Lockbox - Dept 890733  
1501 North Plano Road Suite 100  
Richardson, TX 75081

BILLING INQUIRIES: Heather Moore (610)448-3368, [heather.moore@siemens.com](mailto:heather.moore@siemens.com)

THE CUSTOMER IS HEREBY INFORMED THAT SECTION 1128B(B) OF THE SOCIAL SECURITY ACT REQUIRES THAT DISCOUNTS AND OTHER REDUCTIONS IN PRICE OR THE EXISTENCE OF DISCOUNT PROGRAMS BE PROPERLY DISCLOSED AND REFLECTED IN THE COSTS CLAIMED OR CHARGES MADE BY A PROVIDER UNDER MEDICARE OR A STATE HEALTH PROGRAM.

NOTICE: COMPLIANCE WITH LEGAL AND INTERNAL REGULATIONS IS AN INTEGRAL PART OF ALL BUSINESS PROCESSES AT SIEMENS. POSSIBLE INFRINGEMENTS CAN BE REPORTED TO OUR HELPDESK "TELL US" AT [WWW.SIEMENS.COM/TELL-US](http://WWW.SIEMENS.COM/TELL-US).

# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

324285 FFS INVOICE SUMMARY DECEMBER 23, 2013 PAGE 1

ST. FRANCIS HOSPITAL & HEALTH  
241 NORTH ROAD  
POUGHKEEPSIE NY 12601

ATTENTION: ACCOUNTS PAYABLE

INVOICE SUMMARY FOR: DECEMBER, 2013

RECURRING INVOICE	0000214072	48,308.40
UTILIZATION INVOICE	0000214074	3,588.44

Siemens Health Services preferred methods of payment are ACH, EFT and wire transfers.  
To set up electronic payments email: [custacct.healthcare@siemens.com](mailto:custacct.healthcare@siemens.com)

Please Remit To:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank  
PO Box 120001 Dept 0733  
Dallas TX 75312-0733  
United States

Please use the following address for overnight/express mail checks:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank Lockbox - Dept 890733  
1501 North Plano Road Suite 100  
Richardson, TX 75081

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BILLING INQUIRIES: Heather Moore (610)448-3368, [heather.moore@siemens.com](mailto:heather.moore@siemens.com)

THE CUSTOMER IS HEREBY INFORMED THAT SECTION 1128B(B) OF THE SOCIAL SECURITY ACT REQUIRES THAT DISCOUNTS AND OTHER REDUCTIONS IN PRICE OR THE EXISTENCE OF DISCOUNT PROGRAMS BE PROPERLY DISCLOSED AND REFLECTED IN THE COSTS CLAIMED OR CHARGES MADE BY A PROVIDER UNDER MEDICARE OR A STATE HEALTH PROGRAM.

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# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

## Recurring Invoice

Bill To:  
ST FRANCIS HOSPITAL  
Betty Halstead  
35 NORTH ROAD  
POUGHKEEPSIE NY 12601  
United States

Page: 1  
Invoice Number: 0000214072  
Invoice Date: 12/23/2013  
Customer No.: 324285  
Due Date: 01/22/2014

Line	Fee Description	Invoice Amt	Invoice Subtotals	Tax
------	-----------------	-------------	-------------------	-----

Customer Reference ID: N/A

### RECURRING FEES

1	Invision Applications Notes: Contract Date: 3/30/2012 Monthly RCO Processing and Extended Support Fee Siemens ID: CON10006334-B108	29,059.92		
2	Monthly Managed Service Fees Notes: Contract Date: 3/30/2012 Help desk fees 6/1/2013 - May 31, 2013 Base Number of Events = 685 Siemens ID: CON10006334-B105	8,740.60		
3	Monthly Managed Service Fees Notes: Contract Date: 3/30/2012 Monthly ESM Fee 6/1/2012 - 5/31/2013 Siemens ID: CON10006334-B106	4,533.00		

SUBTOTAL FOR RECURRING FEES 42,333.52

### NETWORKING FEES

4	Wan Fee Notes: Contract Date: 3/30/2012 Site Type 3A (384k with MIS Backup) Siemens ID: CON10006334-B107	5,974.88		
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SUBTOTAL FOR NETWORKING FEES 5,974.88

# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

## Recurring Invoice

Bill To:  
ST FRANCIS HOSPITAL  
Betty Halstead  
35 NORTH ROAD  
POUGHKEEPSIE NY 12601  
United States

Page: 2  
Invoice Number: 0000214072  
Invoice Date: 12/23/2013  
Customer No.: 324285  
Due Date: 01/22/2014

Invoice Amount \$ 48,308.40

Please Remit To:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank  
PO Box 120001 Dept 0733  
Dallas TX 75312-0733  
United States

Please use the following address for overnight/express mail checks:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank Lockbox - Dept 890733  
1501 North Plano Road Suite 100  
Richardson, TX 75081

Billing inquiries: Heather Moore 610/448-3368, heather.moore@siemens.com

The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or the existence of discount programs be properly disclosed and reflected in the costs claimed or charges made by a provider under Medicare or a State Health Program.

Notice: Compliance with legal and internal regulations is an integral part of all business processes at Siemens. Possible infringements can be reported to our HelpDesk "Tell us" at [www.siemens.com/tell-us](http://www.siemens.com/tell-us).

Line	Fee Description	Invoice Amt	Invoice	
			Subtotals	Tax
	Pretax Invoice Amount		48,308.40	
	TOTAL AMOUNT DUE :		\$ 48,308.40	

Line	Fee Description	Qty	UOM	Rate	Invoice Amt	Invoice Subtotals	Tax
Customer Reference ID: N/A							
TRANSACTION FEES							
1	HDX Electronic Remittance Siemens ID: CNV324285-00-B123-AB368	5,488	EA	0.380	2,085.44		
SUBTOTAL FOR TRANSACTION FEES						2,085.44	
FORMS AND MEDIA FEES							
2	Direct Line Services See Attached Schedule Siemens ID: CNV324285-00-B101-BL012				1,175.00		
SUBTOTAL FOR FORMS AND MEDIA FEES						1,175.00	
EQUIPMENT MAINTENANCE FEES							
3	Printer Maintenance See Attached Schedule Siemens ID: CNV324285-00-B114-FW001				328.00		
SUBTOTAL FOR EQUIPMENT MAINTENANCE FEES						328.00	

# SIEMENS

Siemens Medical Solutions USA, Inc.  
Health Services Division  
51 Valley Stream Parkway, Malvern PA 19355

## Utilization Invoice

Bill To:  
ST FRANCIS HOSPITAL  
Betty Halstead  
35 NORTH ROAD  
POUGHKEEPSIE NY 12601  
United States

Page: 2  
Invoice Number: 0000214074  
Invoice Date: 12/23/2013  
For Services Rendered: 11/2013  
Customer No. 324285  
Due Date: 01/22/2014

Invoice Amount \$ 3,588.44

Please Remit To:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank  
PO Box 120001 Dept 0733  
Dallas TX 75312-0733  
United States

Please use the following address for overnight/express mail checks:  
Siemens Medical Solutions USA Inc.  
c/o Mellon Bank Lockbox - Dept 890733  
1501 North Plano Road Suite 100  
Richardson, TX 75081

Billing inquiries: Heather Moore 610/448-3368, heather.moore@siemens.com

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Line	Fee Description	Qty	UOM	Rate	Invoice Amt	Invoice Subtotals	Tax
	Pretax Invoice Amount					3,588.44	
	TOTAL AMOUNT DUE :				\$	3,588.44	



ST FRANCIS HOSPITAL 241 NORTH ROAD POUGHKEEPSIE TYPE: MASTER FILE			DIRECT LINE SERVICES SUMMARY REG/CODE: FFS		DECEMBER 23, 2013	
			NY 12601	CUSTOMER NUMBER: 32428-5	PAGE 1	
DATE	TIME	DESCRIPTION	NUMBER REELS	TAPE NUMBER	TAPE CHARGE	SHIPPING CHARGE
11/05/13	2:64:72	DAILY MHH FILE VIA FTP		FE7044	175.00	0.00
11/05/13	2:57:16	MONTHLY TCC AND REV GRO PROCESS		FE6954	400.00	0.00
11/15/13	7:20:24	CBHV REV TCC SVC FEE		FM1358	600.00	0.00
GRAND TOTAL					\$1175.00	\$0.00
					=====	=====

ADHRPT  
12/23/13  
11:37:57

MONTHLY REPORT LIST

PAGE 1

ST FRANCIS HOSPITAL

HC=F REGION=FS

<<< PA ARCHIVE ADHOC >>>

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ADHRPT  
12/23/13  
11:37:57

M O N T H L Y   R E P O R T   L I S T

PAGE   2

ST FRANCIS HOSPITAL

HC=F REGION=FS

<<< PA   ARCHIVE   ADHOCS   >>>

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.....	*\$PXNORP	001	11/25/13	16:21	2600	9	0	0	R001F0FS

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TOTAL   29

ST FRANCIS HOSPITAL  
241 NORTH ROAD  
POUGHKEEPSIE, NY 12601  
SIEMENS PRINTSTATION MAINTENANCE FOR THE PERIOD: 09/01/13 - 09/30/13

SMS PRINTSTATION MAINTENANCE DETAIL  
CODE/REG: FFS  
CUSTOMER NUMBER: 324285

DATE: DECEMBER 23, 2013  
PAGE: 1

QUANTITY	MODEL	DESCRIPTION	FUNCTION	MONTHLY RATE	AMOUNT	
-----	-----	-----	-----	-----	-----	
1	6400-15	IBM 6415 Lineprinter			164.00	164
1	6400-15	IBM 6415 Lineprinter			164.00	164
				SUB-TOTAL:	\$328.00	
				TOTAL:	\$328.00	

HDX DETAIL BACKUP

PAGE: 1  
C/A: Z

ST FRANCIS HOSPITAL  
241 NORTH ROAD  
POUGHKEEPSIE , NY 12601

REG/CODE: FFS  
CUSTOMER NUMBER: 324285

12/23/2013

===== H D X T R A N S A C T I O N D E T A I L =====

APPLICATION: ELECT. REMIT

TRANSACTION ID: XRANY131			
DATE	TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
-----	-----	-----	-----
11/04/13	REMITTANCE BILLING - NEW YORK MEDICAID	83	
11/06/13	REMITTANCE BILLING - NEW YORK MEDICAID	608	
11/06/13	REMITTANCE BILLING - NEW YORK MEDICAID	18	
11/11/13	REMITTANCE BILLING - NEW YORK MEDICAID	86	
11/13/13	REMITTANCE BILLING - NEW YORK MEDICAID	1416	
11/13/13	REMITTANCE BILLING - NEW YORK MEDICAID	28	
11/18/13	REMITTANCE BILLING - NEW YORK MEDICAID	86	
11/20/13	REMITTANCE BILLING - NEW YORK MEDICAID	1078	
11/20/13	REMITTANCE BILLING - NEW YORK MEDICAID	18	
11/25/13	REMITTANCE BILLING - NEW YORK MEDICAID	158	
11/27/13	REMITTANCE BILLING - NEW YORK MEDICAID	800	
11/27/13	REMITTANCE BILLING - NEW YORK MEDICAID	10	

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TRANSACTION ID: XRANY131	TRANS QUANTITY:	4389
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TRANSACTION ID: XRANY161			
DATE	TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
-----	-----	-----	-----
11/01/13	REMITTANCE-MVP IN NEW YORK	81	
11/04/13	REMITTANCE-MVP IN NEW YORK	90	
11/06/13	REMITTANCE-MVP IN NEW YORK	75	
11/08/13	REMITTANCE-MVP IN NEW YORK	120	
11/11/13	REMITTANCE-MVP IN NEW YORK	104	
11/13/13	REMITTANCE-MVP IN NEW YORK	68	
11/15/13	REMITTANCE-MVP IN NEW YORK	101	
11/18/13	REMITTANCE-MVP IN NEW YORK	93	
11/20/13	REMITTANCE-MVP IN NEW YORK	70	
11/22/13	REMITTANCE-MVP IN NEW YORK	136	
11/25/13	REMITTANCE-MVP IN NEW YORK	72	
11/27/13	REMITTANCE-MVP IN NEW YORK	54	
11/29/13	REMITTANCE-MVP IN NEW YORK	33	

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TRANSACTION ID: XRANY161	TRANS QUANTITY:	1097
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TRANSACTION ID: XRAZZ011			
DATE	TRANSACTION DESCRIPTION	QUANTITY	AMOUNT
-----	-----	-----	-----
11/11/13	ERS MEDICARE	2	

HDX DETAIL BACKUP

PAGE: 2  
C/A: Z

ST FRANCIS HOSPITAL  
241 NORTH ROAD  
POUGHKEEPSIE , NY 12601

REG/CODE: FFS

CUSTOMER NUMBER: 324285

12/23/2013

===== H D X T R A N S A C T I O N D E T A I L =====

TRANSACTION ID: XRAZZ011

TRANS QUANTITY: 2

APPL TOTAL: 5488

GRAND TOTAL: 5488